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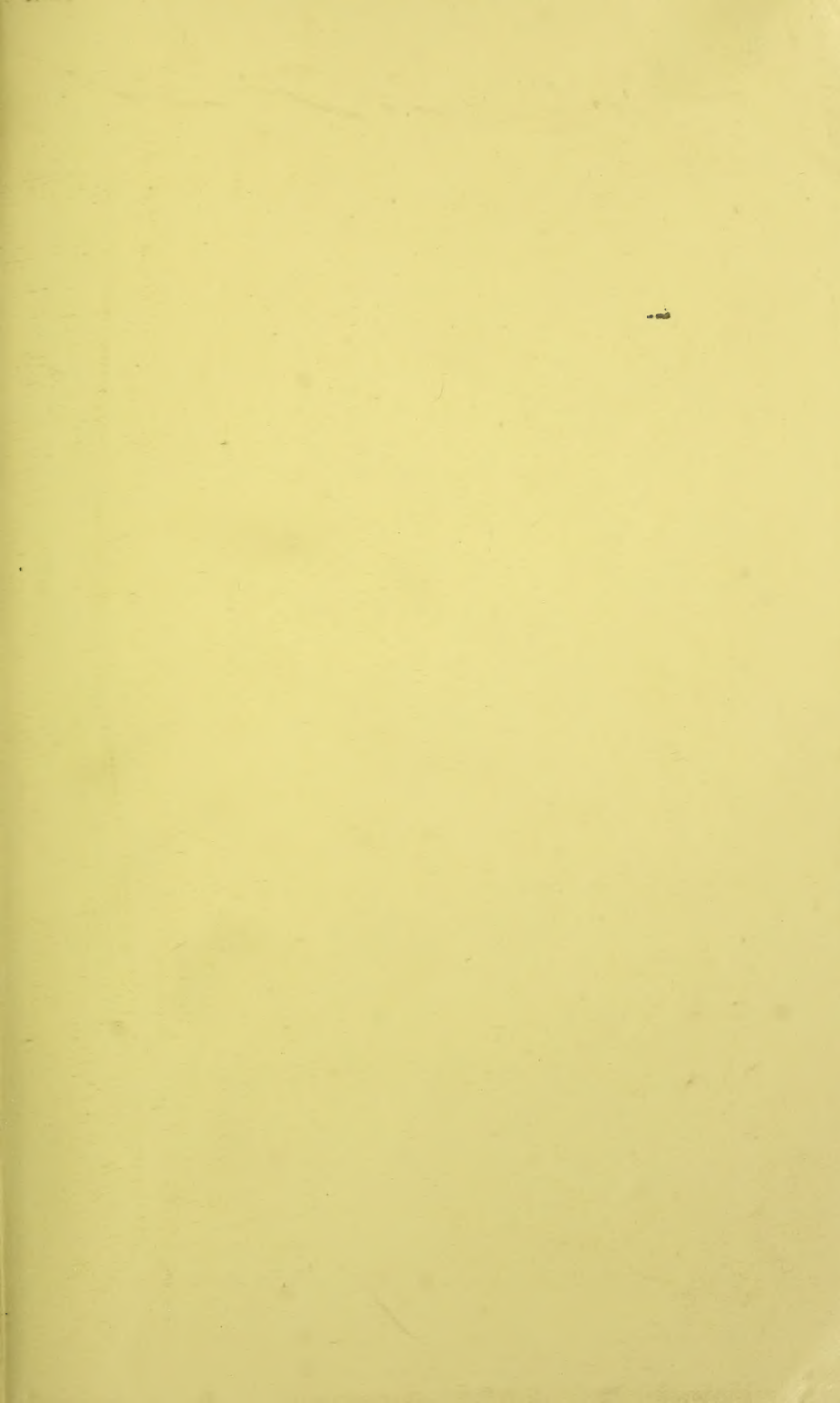
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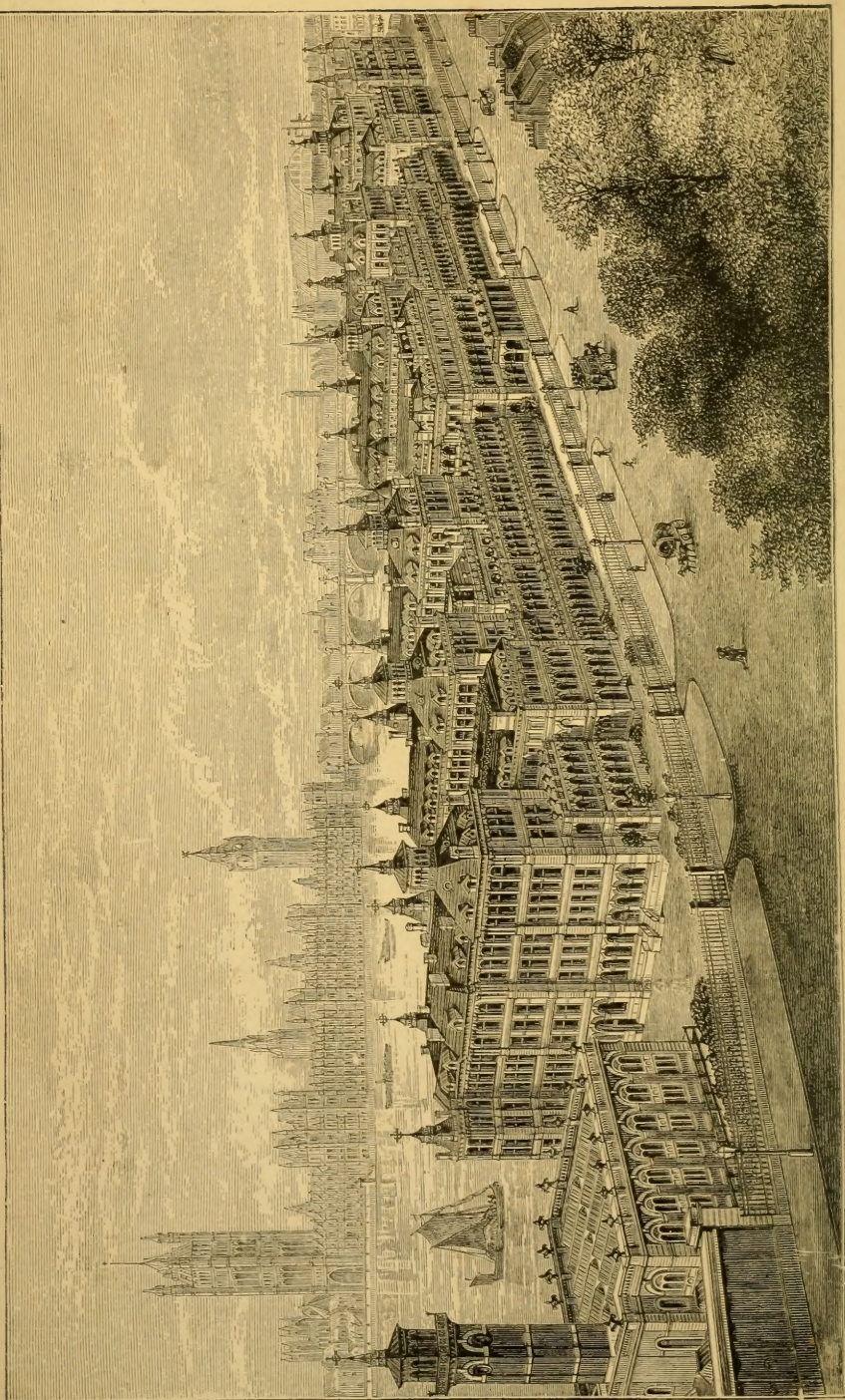




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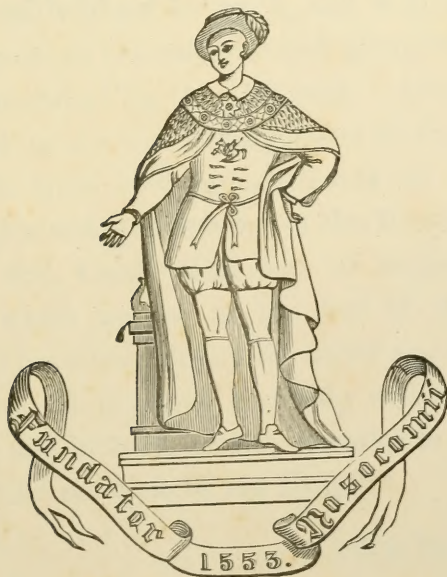


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## EDITORS' PREFACE.

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THE publication of the present volume has been delayed in order that the statistical reports for 1892 and 1893, and the calendar for 1894-5 might be included in it. The succeeding volume will contain the statistical reports for 1894, and it is intended in future to publish the calendar and prospectus for the coming, instead of for the past year. Attention may be directed to the new arrangement of the names of those who have held appointments or who have gained prizes and distinctions in the Hospital, and to the local and alphabetical lists of students of the Hospital which appear at the end of the volume. These lists have been drawn up under the direction of Mr. Rendle. It is hoped that they will add much to the utility and interest of the calendar in the estimation of all old students of the Hospital.

THE EDITORS.

*September, 1894.*





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Bassano, Photo,

London.

*Mr. B. Hadden.*

## In Memoriam.

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W. B. HADDEN, M.D.LOND., F.R.C.P.,

ASSISTANT PHYSICIAN TO ST. THOMAS'S HOSPITAL AND TO THE HOSPITAL  
FOR SICK CHILDREN, GREAT ORMOND STREET.

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ST. THOMAS'S HOSPITAL and Medical School have suffered a severe loss in the too early death of Dr. W. B. Hadden, which occurred on May 26th, 1893.

He died of pneumonia at the age of thirty-seven, just as he was beginning to realise some of the rewards of the long years of arduous work which he had devoted to the study of his profession and to the service of his School.

There is something pathetic in the circumstances of his fatal illness, since three years before, he had attended his friend and colleague Dr. Gulliver during his last illness from a similar disease. This thought was present in his mind when he became aware of the nature of his own complaint, and seems to have added strength to the foreboding that he would not recover. "Thirty-seven is too young to die," he exclaimed towards the end; and so, indeed, it seems to be, for one who had a right to look forward to a distinguished place in the profession to which he belonged, and who, as was hoped, would reflect more and more credit on the Medical School of St. Thomas's Hospital, in which his steady honesty of purpose and manly and straightforward character had earned for him a very high degree of appreciation.

He was the younger son of Mr. Robert Hadden, of



Liverpool, and was born in 1856. He was educated at the Merchant Taylors' School at Crosby, and in 1872, when only sixteen years of age, he began his medical studies at the Liverpool Royal Infirmary. He entered St. Thomas's Hospital in 1875, took his M.D. degree at the London University in 1879, and was elected a Fellow of the Royal College of Physicians when only thirty-two years of age. At St. Thomas's Hospital he held the post of Medical Registrar for six years, and that of Demonstrator of Morbid Anatomy for twelve years; and there can be no doubt that to these two appointments above all others he owed the wide and accurate knowledge of Medicine which he possessed.

In 1884 he went for a while to Paris, and became a pupil of Prof. Charcot, for whom he had a profound admiration; and in 1882 he translated that great physician's work on the 'Localisation of Cerebral and Spinal Diseases' for the New Sydenham Society. At the time of his death he held two Lectureships at St. Thomas's, one in Pathology and the other in Materia Medica and Therapeutics. In 1885 he was elected Assistant Physician, and had he lived he would last year have been promoted to the post of physician. In addition to his appointments at St. Thomas's he was for some years Physician to the Royal Hospital for Women and Children in Waterloo Road, and for the last seven years of his life he was Assistant Physician to the Hospital for Sick Children, Great Ormond Street. He was also Examiner in Materia Medica at the Royal College of Physicians.

Hadden was an active member of many of the Medical Societies of London, and contributed largely to the 'Transactions' of some of them. At the time of his death he was hon. sec. to the Clinical Society, for which society he had done invaluable work as hon. sec. to the committee appointed to report on myxœdema. For the 'St. Thomas's Hospital Reports' he wrote regularly, and he was for a few years one of the Editors. He also contributed many of the articles on "Diseases of the Nervous System" to the 'Dictionary of Practical Medicine,' edited by Dr. J. Kingston Fowler.

In the study and practice of Medicine he showed an

activity and vigour which resulted in the performance of a large amount of work, yet he never seemed to be too busy to spend an hour or two in leisurely and pleasant conversation. He possessed a thorough all-round knowledge of his profession, which was ever progressive; while the clearness of his mind and the accuracy of his knowledge were evident in his lectures, which were always interesting. He was specially attracted to the study of diseases of the nervous system, and his writings were more numerous in this direction than in any other.

At the bedside he showed the best instincts of a clinician, a thorough command of the methods of investigating disease, and a sound judgment in applying his knowledge of facts.

He was a man of a strong, but gentle and amiable character. He was possessed of shrewd common sense, sound judgment, and singular straightforwardness, traits which with each succeeding year were more and more valued by his colleagues. His views were marked by decision and freely expressed, but without self-assertion. He was always ready to hear and weigh the opinions of others, and to yield to them if they appeared to be founded on arguments more convincing than his own. In his leisure moments and during holiday times he was a genial companion, and always good-humoured. He had not, however, many hobbies. He was neither sportsman, nor given to games of skill, and he greatly preferred town to country, even in his travels. His reading outside his professional work was very varied, and the interest which he took in many subjects ensured him a welcome amongst a wide circle of friends. He lived an upright, kindly life, and was always ready to help others, though he made no parade of doing so.

He was a man of sound judgment in council and a staunch friend.









# In Memoriam.

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## GEORGE RAINEY: HIS LIFE, WORK, AND CHARACTER.

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By W. W. WAGSTAFFE.

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### I. *The Man.*

THERE is probably no character and personality better remembered amongst St. Thomas's men than that of George Rainey. For nearly sixty years he was daily to be seen at work in the medical school, and for nearly forty years of that time he was a teacher of anatomy and demonstrator of the microscope.

It seems most natural to anyone giving an account of his life to look at him in the three phases of existence which St. Thomas's Hospital itself went through within the knowledge of many of us.

#### AT THE THREE HOMES OF ST. THOMAS.

In the old hospital at London Bridge the dissecting-room was a large one for that time—probably it would be only a small one to our present ideas,—and at one end of it there ran up a staircase along the wall, obliquely up to a

curious overhanging room which was Rainey's own, and from which he could see all that was going on in the dissecting-room below. This was my first view of Mr. Rainey, and here he was surrounded by his many experimental apparatus, microscopes, plants, injecting apparatus, and slides innumerable.

The second period that I recall him was at the Surrey Gardens, and here, in an iron building, stood one of our largest rooms, the dissecting-room; but again small in comparison with the present one. From one corner of this ran Mr. Rainey's room, overlooking the lake, and side by side with my own. This wonderful iron building was tied together with iron rods under the roof, which formed a convenient means for mischievous students on one occasion to ornament, and so brought upon them the compressed wrath of Mr. Rainey, and this they did not relish.

In Rainey's own room, again, were piled his apparatus, and at that time he was particularly busy with his wonderful experiments on continuous currents in fluids. These experiments necessitated large and small globes full of yellow fluid to show the movements he was studying.

His third period of work was at the present hospital; and here, again, he had his own room, full of his own apparatus, slides, and microscopes, and from this room his well-known figure could be seen going into the dissecting-room with his customary salutation of "Well, Mister?"

#### A REMARKABLE MAN IN APPEARANCE AND CHARACTER.

In appearance as well as in character I think he may be described as a remarkable man—a quiet, unobtrusive, and somewhat untidy little man, with piercing dark eyes.

I first knew him with a bald head, well-marked eyebrows, and rather sandy-grey hair. His features were delicately and well cut, almost like Tom Pinch himself, making a rather handsome face; and he possessed a peculiar personality, which was that of a rather shy, retiring man, quick to notice anything, but never asserting himself. He would move out of the way for anyone, whoever it was, rather than make them budge, and yet no one would venture to be rude to him. Nor would anyone take advantage of him, for he

possessed the respect of all, and could express himself very strongly though quietly when occasion arose.

Always punctual and yet never in a hurry, he could be seen coming every morning to his work at the hospital, a little, rather handsome old gentleman in a black dress coat and suit, his tail pockets bulging out behind in a rather pronounced manner, for they contained his lunch and often various other things too numerous to mention. He wore the old-fashioned black stock, but indulged in a white collar above it. Wellington boots were his peculiarity, and were often rather evident to those who wished to scan him closely. "Good morning, Mr.," was his invariable salutation, even to those he knew well, for he came across so many new faces every session that he had given up attempting to remember names, and the empty and unqualified title of Mr. saved him much trouble, and could not be wrong. Yet he never failed to identify students or old pupils when their names were mentioned to him.

Though so quiet and unassuming, he was a man of strong likes and dislikes, and could express himself in a way quietly, severely, satirically, and emphatically to make folks acknowledge and feel his power; and this power lay in the possession of a large knowledge of science in all its branches, and a vast experience of human nature as seen in students. But this was not all that people felt, for they were conscious of his possessing, and expressing also without reserve, the supremest contempt and scorn for those who gave themselves airs, or assumed a wisdom, or cleverness, or even authority they did not possess. Even great scientific men—great in public estimation—were not exempt from his scathing criticism.

## II. *Personal History.*

He was born in 1801 in the little town of Spilsby, in Lincolnshire, where, as is the case generally in that part of England, the architecture of the churches is very fine, and this probably gave him the taste in after life for architectural beauties. Even the character of the country about there, which is by no means marsh land, may have a good deal to do with the character of some of the celebrities of that district.



## CHARACTER SHOWS ITSELF EARLY.

In his boyhood he was chiefly noticeable for a distaste for anything like study, and being of a daring disposition was the chosen ringleader in all boyish mischief.

He was sent to school in the neighbouring town of Louth, where, as he used characteristically to say, "he learned nothing except to cheat the masters." I am told that "whilst he was there, however, a new tutor appeared on the scene, who appeared to understand him; he was removed from his companions and made to sit at the desk by the tutor's side. Thus compelled to study, he worked hard, and to his own surprise took pleasure in his work. Unfortunately this gentleman did not remain long at the school, and the lad returned to his old companions and shifty habits. Throughout life he took great pleasure in fine pieces of architecture, and at this time it was his great delight to ascend to the top of the fine lofty churches which are a feature of the east coast. The beautiful tower and lantern of Boston Church was the object of his especial admiration."

On his leaving he was apprenticed to a doctor at Horncastle. Here he was decidedly out of his element, and probably the doctor, or at all events the wife, according to Mr. Rainey's own views, was unsuited for managing a rather headstrong boy. Anyhow the boy ran away after a few days, packed up his clothes and walked home, a distance of thirty miles. This was, of course, at a time when apprentices used to adopt this course when they were dissatisfied with their position. It carries one back to the style and times of Roderick Random, and makes one smile to think of the quiet, steady old gentleman as we knew Mr. Rainey having indulged in such vagaries. That he was not dissatisfied with the profession which had been chosen for him is evidenced by the fact that he was now apprenticed to a doctor at Spilsby, his own native town. "The determination of his father to make a doctor of him was much ridiculed by those who knew the boy's ignorance and unfitness. This came to his ears, and so stung his pride that he resolved to work with might and main, and turn the tables on his critics."

"He worked very hard at Latin, Greek, French, chemistry,

and mathematics, rising at three o'clock in the morning for the pursuit of these studies," and yet all this time "not neglecting his master's business." This quotation from a memorandum I possess sounds quite Hogarthian. After serving his time he became assistant to a Mr. Barker, of Spilsby, and this was at a time when assistants were very rarely qualified men.

The account I have continues:—"By this time the wise folk who had ridiculed his father's folly in putting him to the profession had to acknowledge that for once their prophetic insight had played them false. One man especially—a doctor in the town who had made himself particularly unpleasant—was made to smart, for the young man revenged himself on his old persecutor by correcting the faulty Latin of his prescriptions; and he in self-defence had to make the admission, 'Well, I'm a very good Latin scholar, but I must say Mr. Rainey is a much better one.' His ancient love of mischief had by no means left the young man; if any of his acquaintances would lampoon some obnoxious personage, he was sought out to compose the epistle; and if any faint-hearted swain desired a most effectual love-letter, his pen was wielded in a gentler cause."

#### A STUDENT HAS TO LIVE.

He resolutely studied the whole time he was at Spilsby, when he had finished one subject selling the books and appliances to enable him to purchase the materials for another course of study. He managed to earn a little money by teaching, which added to his savings enabled him to proceed to London (in 1824) and enter as a student at St. Thomas's Hospital. Even here he had to pay his way and live by acting as a "grinder," or coach, for preparing medical students for their examinations. This, again, suggests the period when the medical student was of the type immortalised by Albert Smith and Dickens. We are thankful that times have changed for the better, and the medical student is no longer of the type of Bob Sawyer. Mr. Rainey obtained his qualification as M.R.C.S. in 1827.

He seems to have been a very successful coach at a

time when the Borough and other medical schools required outside teachers to supplement their rather incomplete medical education, for private anatomical schools started in their neighbourhood, and the teachers of these were sometimes grafted on to the older medical schools, but the grinders or coaches were not generally connected with either.

#### A REST BEFORE THE GREAT BATTLE OF LIFE.

Rainey kept at this work until 1837, when his health broke down owing to the excessive work involved in this private teaching, arduous and lucrative as it had become. He was condemned to exile in a warmer climate, under the impression that he was consumptive and would not live another twelvemonth. It was doubtful whether he would ever be able to take up work of any kind in England again; but, like some of the great men who have been similarly condemned, he lasted to an old age, and lived a useful life here for his fellow-creatures.

He lived five years on the Continent, and the two places which he most spoke of in after life were Nice and Pisa. In his enforced leisure at this time he was able to think out many of the problems which he set himself to solve in later years. In fact, his first paper of any importance was read in 1842 before the Royal Society just after his return to England. This was afterwards embodied in a book called 'Experimental Inquiry on the Ascent and Descent of the Sap.'

On his return to London he discussed with one friend at least what his future life should be. He felt, and it was generally recognised, that he was not fitted for ordinary medical practice, and of coaching work he had had enough; but all his tendencies were towards pure scientific work, and for this he was evidently made. He therefore gladly accepted the post which was offered him of Curator of the Museum at St. Thomas's Hospital, and this post he held for two years, when he resigned owing to some misunderstanding.

However, his powers as a teacher were so well recognised, and his scientific ability so evident to the leaders of work at that hospital, that he could not be dispensed with, and in

1846 he was appointed Demonstrator of Human Anatomy and of the Microscope. These posts he retained to the last.

It must not be overlooked that when he was appointed Demonstrator of the Microscope this subject was very little studied, practically not at all in the ordinary student's medical curriculum, and he became one of the first recognised teachers in this important subject.

Who would now think of teaching medicine without including a knowledge of the use of the microscope? But fifty years ago probably only the more ardent students indulged in that study.

He continued in his post as teacher of anatomy at St. Thomas's for the remainder of his life, but for the last five or six years his attendance upon his work was purely optional.

In 1862 he was honoured with the receipt of a Government grant for distinguished services, which came unsolicited, and was continued to the time of his death. This occurred on the 16th of November, 1884, when he was in the eighty-fourth year of his age.

### III. *His Work.*

#### A PIONEER IN PHYSICAL SCIENCE.

In the present era of the wonderful advances made in physical science it is indeed an honour for anyone to be reckoned in the future as a pioneer, and Rainey was a pioneer in truth. It is not too much to say that he will live in the future as such. Great men live most after death, and Rainey's name will be remembered as the man of his time who was able to show how nature works by simple physical processes in the most complex organism. The adaptation of physical forces in the growth of living structure was one of Rainey's constant studies. This was seen in the earliest of his published works, that on the ascent and descent of the sap; but still more in his later and greater work on the formation of animal tissues, of shell, of bone, and similar structures, by a process of molecular coalescence. His experimental observations on these subjects were certainly wonderful. His specimens of the formation of shells were marvellous, and to



see his production of tubes by the shooting out of crystalline substances in the presence of colloids was a sight not to be easily forgotten. Then, again, the formation of cells by artificial processes made the observer think and wonder. The modification, too, of crystals in the presence of colloids was another subject he studied deeply, and these observations have been extended in late years by his old pupil and friend, Dr. Ord. They have been made use of largely in the explanation of the growth of calculi and similar structures.

#### RAINEY'S MOVEMENTS IN FLUIDS.

His marvellously careful observations on continued currents in fluids especially occupied the later years of his life, and their application to the larger processes of nature remains yet to be fully worked out. It is not inappropriate that his name is attached to these movements as "Rainey's movements."

His workroom was full of small and large apparatus, large and small spherical cells, and flat large and small circular cavities for microscopic and naked-eye observation. All these joined by large and small isthmuses, so as to show whether any differences occurred in the movements he was studying. These movements were shown by means of different fluids—some dense, some rare; some yellow, some red; till one began to see that the study of physical processes of apparently simple kind required an amount of care and perseverance that such men as Rainey are worthily famous for.

#### RAINEY'S BODIES.

Rainey's name is also connected with some structures in the synovial fringes called "Rainey's bodies," the nature of which he first showed when using his marvellous injections, for which he became deservedly famous. These bodies have attracted more attention from their importance in surgery than in anatomy. They are the foundation of the so-called loose cartilages in joints, which are now treated

with greater boldness and safety than before the days of antiseptic surgery.

#### RAINEY'S OPAQUE INJECTIONS.

Rainey's injections by means of opaque material were a marvel of his time, but have been now superseded to a great extent by transparent injections, which are far more applicable to most microscopical preparations. However, for naked-eye observations Rainey's opaque injections cannot be easily surpassed. The museum of St. Thomas's Hospital is rich in these. I find in a note-book I possess some memoranda, which I took down at the time, showing how these injections were made.

*Note on Rainey's opaque injections.*—"Fluid to be injected should have excessively fine and homogeneous consistency—this most important fluid prepared by mixing vermilion which has been very finely powdered with gum water,—allow this to stand, then draw off upper part of liquid by syphon down to a certain level—repeat this process; the fluid now to be mixed with best double size, which must be strained and allowed to stand all night, so as to deposit the phosphates.

"Different tissues require different pressure for injecting; for skin-covered tissues like the finger go on forcing till all size is squeezed out under the cuticle."

It was by means of these extremely fine injections that he was able to show that certain tissues, before supposed to be non-vascular, possessed really a fine network of vessels. One candidate at the University of London maintained against the examiner's opinion that Peyer's glands in the intestine were vascular, and convinced him Rainey was right by submitting some of Rainey's preparations to his notice the next day. Rainey's microscopical preparations of injected lung, skin, and other tissues from the human and other animal subjects are still so valuable for exhibition by means of the binocular microscope, that they are fortunate who possess them.

I fancy it was in preparing his material for fine injection

that he was led to notice the existence of continued currents in fluids.

The last paper he wrote will be found in the 'St. Thomas's Hospital Reports,' vol. xviii, and is well worth careful perusal. Like most of his papers, it is admirably illustrated. It deals with the structure and function of a body which is not generally much noticed, and, like all Rainey's papers, will be found to deal incidentally with other interesting problems besides the one he is specially noticing.

#### PAPERS THAT HE PUBLISHED.

I have referred here specially to Rainey as an observer of nature's processes, and to the fact of his being a wonderful handicraftsman, and I cannot do better than give as far as I can a list of the papers he has written on different subjects, and which are not easy to find in ordinary libraries or text-books. In fact, I think it would be for the benefit of the profession, and especially workers in physical science, if these published papers were printed again in some combined form.

We may divide his papers into four classes :

1. Those relating to pure physics.
2. Those relating to structure and function of vegetable tissues.
3. Those relating to structure and function of animal tissues.
4. Those relating to disease.

Class 1 includes—

a. On the Mode of Formation of Shells, of Bone, and several other Structures by Molecular Coalescence, demonstrable by certain Artificially-formed Products. (Published in book form by Churchill, 1858.)

b. Further remarks on the Formation of Shells. (Published in 'Microsc. Journ.,' 1860.)

c. Structure and Mode of Formation of Starch Granules by Molecular Coalescence. (Read at Brit. Assoc., 1859.)

d. On the Artificial Production of certain Organic Forms (Rods and Tubes). (Published in 'Med. Times and Gazette,' 1858.)

*e.* On the Influence of Quantity of Matter on Chemical Affinity as shown in the Formation of certain Double Chlorides and Oxalates. ('Trans. Royal Soc.,' March, 1865.)

*f.* On Continued Currents in Fluids. (Four papers published in 'St. T. H. Reports.')

*g.* On a Method of employing Artificial Light. (Published in 'Trans. Microsc. Soc.')

*h.* On the Illumination of Transparent Objects. ('Quart. Journ. Microsc. Science.')

In Class 2 we find—

Experimental Inquiry into the Cause of the Ascent and Descent of the Sap, with some Observations upon the Nutrition of Plants and the Cause of Endosmose and Exosmose. (Published in book form, 1847.)

In Class 3 we find—

*a.* On the Ganglionic Structure of the Arachnoid Membrane. (Published in 'Med.-Chir. Trans.,' 1845.)

*b.* Minute Anatomy of the Lung of the Bird. (Published in 'Med.-Chir. Trans.,' 1848.)

*c.* On the Structure of Sudiparous Glands. (Published in 'Med.-Chir. Trans.,' 1849.)

*d.* On the Structure of the Cutaneous Follicles of the Toad. (Published in 'Quart. Journ. Microsc. Sci.')

*e.* On the Function of the Ciliary Processes and of the Pecten. (Published in the 'Lancet,' 1851.)

*f.* On the Ligamentum Rotundum Uteri. (Published in 'Trans. Roy. Soc.,' 1850.)

*g.* On the Structure and Development of the Cysticercus Cellulosæ. (Published 'Trans. Roy. Soc.,' 1857.)

*h.* On the Structure and Function of the Thymus Gland. (Published in the 'St. T. H. Rep.,' 1888.)

Besides the above I have seen a paper by Mr. Rainey on the Structure of the Enamel and Dentine, but cannot find at the present time where this was published. In it I know that he insists upon the fact that the dentine tubes are really rods produced by molecular coalescence, the tubular portion being due to interspaces.

There is also another paper by him published in 'Proceedings of the Royal Society,' May 7th, 1846, and the



subject of it is the Structure of the Synovial Fringes of the Joints.

Class 4 includes—

a. A Report to the General Board of Health on the Microscopical Examination of certain Atmospheres during the Epidemic of Cholera of 1854.

b. On the Minute Anatomy of the Emphysematous Lung. (Published in the 'Med.-Chir. Trans.,' 1848.)

#### IV. *Analysis.*

##### CHARACTER NOTES.

An unflinching regard to duty was one of Rainey's main characteristics. His tastes and habits of life were of the simplest. He was always an early riser, and generally slept with his books by his bedside. Of course he was an indefatigable worker. He used to greatly enjoy telling a story against himself, which was to this effect; that he was at one time exceedingly anxious to get a holiday from his duties at the hospital, and this he obtained. The first day of his holiday arrived, and it was remarked by his colleagues that he made his appearance at eight o'clock instead of nine—his usual time, and shut himself in his private room. The next day he was there again at eight o'clock, and so on to the end of the time given him. This was Mr. Rainey's holiday.

He was very fond of country walks; in fact, I think a good many of his ideas were worked out during his evening strolls. When he went alone he always carried paper and a pencil to jot down notes. Often he took his boys with him, pointing out and naming the wayside and hedgerow plants, and many a lesson he gave them as characteristically illustrating his points by diagrams drawn on the ground with his walking-stick.

He read little beside scientific works,—in fact, he had little time. He did not like poetry, and viewed novel-reading with no great favour. His only recreation was an occasional excursion into the country.

I have already given at the beginning a reference to his



appearance in the three sites occupied by our Medical School, and in each of these he gained the affectionate regard of all who had to do with him.

He lived so secluded a life that few knew him in private, but I am informed that his most intimate scientific friends in early days were Dr. Hodgkin, that charming old Quaker who is remembered now perhaps most by his work in connection with the disease that bears his name. Another was Dr. R. D. Grainger, whom present students will recognise as the giver of the Grainger Testimonial prize at St. Thomas's, but who was a very great man in his time, and head of what was called the Grainger School of Medicine, and then Lecturer on Physiology at St. Thomas's. A third was Professor Owen, afterwards Sir Richard, and so well known as the greatest comparative anatomist of his day.

In later days those who were most closely associated with him were his old pupils, Dr. Bristowe, Dr. Ord, and the writer of this article.

#### AS A WORKER.

If we look upon the character of Mr. Rainey as a worker we shall find some points specially worthy of notice, as he was all his life long quietly, patiently, carefully, and laboriously making his scientific bricks, and laying them permanently on the pyramid of knowledge.

Working like a busy ant or bee, he was always occupied for the good of his fellow-students. The every-day processes of nature were his constant study, and to these he devoted his time and powers as unselfishly as the busy little workers we have just referred to. But with this unselfishness and concentration of thought in searching out the secrets of the Kosmos I think we may look upon him as a happy man ; and, in truth, the same may be said of all earnest workers who are engrossed in the observation of nature's processes, and in the explanation of how and why they are effected.

“ Ille potens sui lætusque deget  
Cui licet indiem dixisse Vixi ;”

and surely one who has learnt or done something every day can feel he has not lived that day in vain. No one could

have been more modest in his work than he was—never troubling to assert himself, or to insist upon the priority of his observations ; content only to have worked out his problems, and leaving to others to reap the benefit of them. He was not a combative scientist, but his character as an observer and worker has been and will be recognised by those whose opinion is worth anything. Thoroughness and perseverance, with scrupulous honesty, mark all his work. I do not know that I can express more strongly this estimate of his character than by quoting word for word from the testimonial given by Mr. Grainger about him. He “offers strongest testimony to Mr. Rainey’s distinguished talents as an original and successful observer.” He was marked by “perseverance in the investigation of facts, quickness in seizing their relations, judgment in determining their causes and signification.”

Combined with all these strong points was a very marked sense of humour, which was seen in the twinkle of his eye and his hearty laugh. And is there nothing in this sense of humour ?

Who would choose a companion, or teacher, or doctor, or even a servant if he could help it, who was devoid of the sense of humour ? Almost as soon would one think of going about with a wet blanket on, or carrying a heavy weight tied round one’s neck.

#### AS A WRITER.

It is not given to many men to excel in writing as well as in observing. Nor do many succeed in being popular exponents in the lecture theatre as well as successful workers in the laboratory of science. It is few who can vie with Huxley and Tyndall in these respects. Rainey, as a writer, was not easy to follow, and his manuscripts had to be very largely altered, clarified, and amended ; but when this was done they bear the most patient scrutiny and study. His experiments are very much to the point, and go patiently over the ground, often starting from many different points to prove the truth of what he is aiming at.

## AS A TEACHER.

But it was as a practical teacher that most of us knew him, and in this respect it was that he probably had few equals, and certainly no superior. As a demonstrator of anatomy he has probably hardly been equalled in his time. He and Mr. Ellis, of University College, were the great men of their day.

His method was to make men do their own work, to examine things for themselves, to point out where they were faulty in their work, and with good-humoured satire to show them their errors of omission and commission. He was never impatient with them, and never lost his temper, and yet he never passed unfinished or bad work. "Don't you think, Mr. —, that this would be all the better for a little more cleaning?" or "Don't you think, Mr. —, you could read this up a little more?" or "Well, Mr. —, I think you had better learn your bones a little more before I demonstrate your part to you;" and sure enough the student would prefer to work a little more vigorously at his subject before getting Mr. Rainey to come to him again.

## A GIANT AMONG PIGMIES.

I have referred before to his sense of humour, and this was seen to a marked degree in his demonstrations, when he would indulge in an occasional chuckle, or even a condensed, semi-explosive, smothered laugh at anything which tickled his fancy, but he rarely or never hurt a student's feelings by laughing at him when he made an egregious blunder. His judicious and severe though kindly satire was the most efficacious weapon for punishing and correcting a stupid or refractory pupil. And yet he could be very downright in his condemnation of anything that approached to disobedience or impertinence. So much was this the case that in my long period of association with him as pupil and colleague I do not once remember his having been treated with anything but respect. Once, when I was a student, I remember that we fancied some slight was intended for him, but now I am sure it was not really so, and the student

narrowly escaped being pitched into the lake to soothe our ruffled feelings.

#### A TEACHER OF THE MICROSCOPE WHEN LITTLE TAUGHT.

As a teacher of the microscope he occupied a position which few other medical schools provided for their students. and in this branch of his subject he was *facile princeps*. In those days the microscope was not taught as at the present time. The study of minute anatomy was then only in its infancy, and physiology as now taught was not known. Even minute anatomy or histology was studied by different means from those used at present. Rainey was one of the leaders and most successful workers with opaque injections, and his preparations, both microscopical and for the naked eye, are still wonders of mechanical excellence. He would demonstrate the tissues of the body and these opaque injections to a limited but attentive class. I say limited because in those days students did not possess their own microscopes, and the teachers were therefore restricted to the use of a comparatively small number of instruments which belonged to the Medical School or to the teachers themselves. But these microscopes often had cost as much as from £50 to £100 apiece.

Here in these microscopical demonstrations he would talk freely about his views on anatomical structures, physiology, and science generally, and many have been the interesting hours spent with him in this way by students who valued him as a friend as well as a teacher.

Sometimes, too, he would extend his observations to larger matters, religious, political, and social, but this was only to those students in whom he took the greatest interest. He had thought deeply, and always expressed himself generously about the views of others, and showed a kindly, thoughtful interest in the growth of the student's mind on these matters.

It was during his stay on the Continent that I am told a great change took place in his opinions on the subject of religion. Up to this time his views had been entirely materialistic, and he was an unbeliever of a very aggressive type ; but many things now led up to an entire change of



thought and feeling, and throughout the rest of his life he retained a faith simple and deep in the Supreme Being.

A TRIBUTE TO 'HIM.

Many of the introductory addresses at St. Thomas's contain some reference—always kindly and eulogistic—to George Rainey as a teacher, but I cannot resist the pleasure of quoting from that of Dr. Bristowe in the year 1856. Here he says :

“ His demonstrations were very clear and simple, and largely done by putting questions to those whom he was teaching. But the most interesting feature about the man, and that which chiefly explains the great influence he had over his pupils, was his habit, usually about luncheon-time, and later in the afternoon when the daily work was drawing to a close, of sitting in front of the dissecting-room fire, and entering into conversation with such pupils as happened to congregate around him. The conversations were on all kinds of topics. But no matter how they began, they generally before long diverged into discussions concerning science, morality, or religion. A favourite method with him was to fix upon one man, to ply him with questions on the Socratic principle, and then, as often happened, having led him into contradictions, or having made him display his utter ignorance of the subject he was talking about, or having induced him to express views or sentiments which were absurd or reprehensible, to lay bare the unhappy victim's errors and inconsistencies, to overwhelm him with a torrent of chaff, sarcasm, and logic, and to wind up by expressing his own views with a manner and in language which were singularly impressive. Many a student retired from such encounters a good deal crestfallen, but few, if any, showed resentment, and many I am sure were benefited by them.”

In a previous address, delivered in 1862, the same physician says :

“ He was the first of my teachers at this hospital with whom I was brought closely into contact. He more than any other determined the bent of my mind. Under the guidance of his conscientious labours in the cause of science I



myself in a small way became an inquirer. Through the influence of his strong and truthful intellect I began to think for myself. And it is, I make bold to say, to his example, to his teaching, and to his moral influence among them, to his strong integrity, to his strict sense of justice, to his deep scorn of everything mean and wrong, that our pupils owe, in no small degree, that healthy bone of morals and of intellect which has, I believe, so long characterised them."

And so, as in that masterly creation of Lord Lytton's pen, Adam Warner, we recognise in George Rainey an earnest, honest worker, entirely forgetful of self, kindly, warm-hearted, and genial, far in advance of his time in the subjects which he was studying, using his powers earnestly in his devotion to scientific research; and is it nothing to devote the powers that we possess to a noble purpose?

"Sure, He that made us with such large discourse,  
Looking before and after, gave us not  
That capability and God-like reason  
To rust in us unused."

\* \* \* \*

The portrait which accompanies this paper is taken from one which has for years been hanging in the Committee Room, and which was drawn by his talented son, W. Rainey, R.I. The reproduction by photographing has rather intensified some of the darker shadows, so as to make him look sterner than he really was, and no likeness could give the merry twinkle which was seen in his eye.

# THE TREATMENT OF HALLUX VALGUS.

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By H. H. CLUTTON.

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IN January, 1884, Professor Ogston described, at the Medical Society ('Trans.,' vol. vii, p. 141; 'Lancet,' 1884, vol. i, p. 153), an operation for flat-foot which consisted in removing the adjoining cartilaginous surfaces of astragalus and scaphoid, and procuring ankylosis by fixing them together with one or more ivory pegs. It seemed to me that this method of procedure would be admirably adapted for severe cases of hallux valgus.

In this deformity (see Fig. 1) the big toe is abducted at the metatarso-phalangeal joint, the distal phalanx passing over or under the second toe. The prominence at the inner border of the foot which produces so much distress is caused by the head of the first metatarsal bone, which is enlarged by osteophytic outgrowths around the joint. The pressure against the boot invariably gives rise to a bunion or bursa between the bone and the skin, which is frequently inflamed, and causes much pain and consequent lameness. The toes also are crowded together and liable to corns. If this joint can be ankylosed with the phalanges in a straight line with the metatarsal bone much of this distress can be avoided. At the same time the enlarged head of the metatarsal bone can be reduced to its proper proportions and the bunion excised. Theoretically this would appear to me a much more satisfactory operation than osteotomy of the

metatarsal bone, in which the bunion and the enlarged head of the metatarsal are entirely left alone. At the present

FIG. 1.



From a patient of Mr. Anderson's, who kindly allowed Mr. Stabb to take a cast for me.

time such a joint operation as is here proposed is free from risk, and may be placed on a par with osteotomy. Excision of the joint, with which the operation might also be compared, does more than is necessary. The result if ankylosis be obtained would be the same. But if a moveable articulation follows, the same trouble may occur again, for the perversity of human nature on the subject of adornment is not so easily eradicated as the joint. The chief point, then, for discussion should be the result obtained by these various methods of treatment; and to my mind ankylosis of this joint in the ideal position will generally produce the most permanent and satisfactory cure.

If the joint is fixed with the phalanges in a straight line with the metatarsal bone very little inconvenience is experienced from the want of movement, and the pressure is entirely removed from the head of the first metatarsal bone. The ivory peg will not reappear if suppuration be avoided. For many years I have employed two ivory pegs for fixing

the femur and tibia together after arthrectomy and excision of the knee, and in only one case have they given any trouble. This was a girl aged twenty-four, for whom I excised both knee-joints in 1890 for displacement after suppurative arthritis following scarlet fever. One knee healed by first intention, and the pegs were never seen or heard of afterwards. The other knee suppurated, but in a very mild way. One peg was withdrawn easily during the suppuration, the other was subsequently removed on account of a persistent sinus which then healed. One other case, but of trivial importance, as it caused no trouble, occurred in a boy for whom I had excised the knee five years previously. He drew my attention to a little moveable lump beneath the old scar. Cutting down on this I found the end of an ivory peg, a quarter of an inch in length, which was attached to the bone only by connective tissue. The part within the bone, fully four inches in length, had either become encapsuled or absorbed.

There is some reason to think that chronic osteo-arthritis is present in the metatarso-phalangeal joint either as a cause or as a sequel to this deformity, and if the joint be ankylosed and the osteophytes removed the pathological changes and deformity are not likely to recur.

*The operation*, which was conducted in the same way for each case, may as well be described first. A straight incision was made on the inner side of the joint, so as to avoid the tendons and remove the bunion. When the latter had been accomplished the joint was opened and the cartilage removed from both surfaces with a gouge. This can be easily done in a few minutes without disturbing the bones from their natural position, as the gouge can be made to follow the concave and convex surfaces of the respective bones by merely reversing the action of the gouge. The osteophytic outgrowths on the inner side of the head of the metatarsal bone were then removed with a pair of cutting bone forceps. The two bones were carefully held in the position thought most desirable for ankylosis, and perforated by a drill, which may be most conveniently driven from the phalanx into the metatarsal bone. An ivory peg was inserted into the aperture as the drill was withdrawn, and

driven home with a few taps of the mallet. The end of the peg was cut off level with the phalanx by a pair of cutting bone forceps, and the wound closed. The best position for the phalanx to be fixed to the metatarsal bone is the most important point for consideration. The phalanx and the metatarsal bone should be absolutely in a straight line as regards the inner border of the foot, but a very slight inclination towards dorsal flexion is an advantage for easy progression. If this position is obtained the patient can subsequently stand on tiptoe, as the distal phalangeal joint makes up for the slight deficiency in the proximal joint. The operation takes away the power of plantar flexion, and places the phalanx in a slightly over-extended position. If too much extended the last phalanx will press against the boot. The ivory peg is desirable for fixation on account of the difficulty there would otherwise be in retaining the small phalanx in the exact position in relation to the metatarsal bone during the period necessary to obtain bony union. If it can be shown that the ivory peg gives no further trouble it should certainly be used, for it relieves the surgeon and the patient of all anxiety as to the ultimate position of ankylosis. No splint could possibly fix such a small bone so well after an operation in which the result depends upon the position obtained. It will be observed that no ligaments or tendons are divided, and the opening into the joint is only large enough for the gouge to follow the articular surfaces without protruding the ends of the bones out of the joint. The removal of cartilage is therefore accomplished with the bones *in situ*.

#### CASES.

CASE 1.—August, 1888.—John C—, a postman, æt. 21, came to my out-patient room at St. Thomas's Hospital complaining of his feet. He stated that he had always had big toe-joints and slight deformity, but that since he had become a postman they had become much worse, and still more so when he resumed work after an attack of inflammation of lungs and pleurisy five months before he came for



advice. Since this illness he had become quite lame in the left foot, and was unable to bear any weight on the front part of the foot. He was walking only on the heel.

*Examination.*—Both big toe-joints deviated outwards in the position known as hallux valgus, the second toe in each foot overlapping the first. The heads of both first metatarsal bones were very large and nodular. The left foot was in every respect worse than the right. The operation above described was proposed for the left metatarso-phalangeal joint, and carried out on August 18th, 1888. The joint was in the early stage of osteo-arthritis, for the cartilages were rough and fibrous, and surrounded by “lip growths” and osteophytic deposits usually found in that disease.

The wound healed by first intention, and at the end of three weeks he found that he could stand and walk in a way he could not do before the operation. On September 14th, a month after operation, he walked from Islington to the hospital without discomfort, for which he was, of course, soundly rated. He was not seen again till July 2nd, 1890, two years after operation, when he came about the right foot.

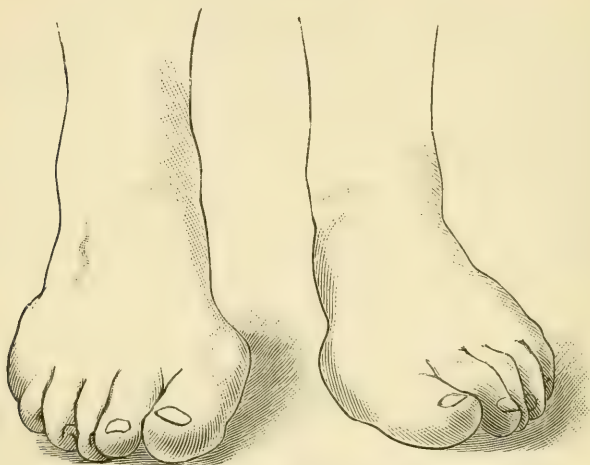
He had had perfect relief and comfort in the left foot, with the exception of a few corns on the smaller toes; but the right big toe, which had not been operated on, was much distorted, and formed a very marked contrast with the left, which was in a straight line with the first metatarsal bone. The shape of his boots also showed the difference between the two feet. The joint previously operated on was firmly ankylosed. There were no bony growths, nor was there a bunion on the inner side. He agreed to come into hospital for operation on the right foot, but failed to make his appearance, and has not been seen since.

CASE 2.—August, 1890.—Mabel C—, æt. 16, had suffered from painful big toe-joints for seven years after wearing for some months a pair of boots which were too short for her. She had hallux valgus of both feet, but in neither was there any overriding of the toes (see Fig. 2).

September 13th, 1890.—The same operation described above was performed on both feet simultaneously. The

cartilages were thin and blue-looking, and the bones had developed osteophytic outgrowths along the margin of the

FIG. 2.



From a photograph taken before operation.

articulation. The wounds healed by first intention, and she left the hospital on October 4th.

February, 1891.—Seen as out-patient walking well, with no lameness and no pain of any kind.

June, 1891.—She came complaining of the little toes. On examination corns were found to be developing on the heads of both fifth metatarsal bones, obviously due to tight boots. She subsequently complained that she could not dance well, but she could stand and walk on tiptoe. She received a lecture on boots.

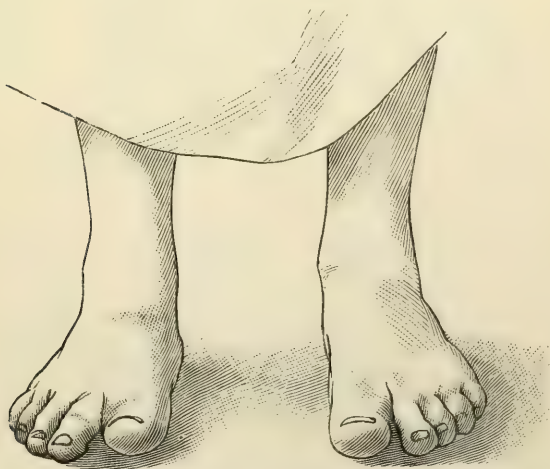
September, 1893.—Walks well and without any pain, but on examination distal phalangeal joints of big toes are larger than they should be, and grate on lateral movement. This looks as if osteo-arthritis might develop in these joints. Possibly this comes from the extra strain thrown on these joints after the ankylosis of those behind. This would rather favour the view that the deformity is in some cases due to a chronic arthritis, and, on the whole, from this result I am inclined to think that excision of the head of the metatarsal bone might have been more serviceable, or that the

joint ought to have been ankylosed with a greater inclination towards extension. The illustration (Fig. 2) taken from a photograph before operation, shows an enlargement out of proportion to the deviation from the straight line. I was unable to find her when writing this paper, or her present condition would have been shown, as in the next two cases.

CASE 3.—April, 1891.—Florence B—, dressmaker, æt. 17, had for four years suffered from pain in both big toes, and at times was quite lame. She could give no explanation of how the toes had become deformed, nor could she say exactly when they first deviated from their normal position. She only knew that they had been painful for four years. In the preceding November the tendons of both big toes had been divided by another surgeon, but without any apparent benefit. Extreme hallux valgus was present in both feet with overriding of toes.

May 2nd, 1891.—Both toes were treated in the same manner by the operation which has been already described,

FIG. 3.



From a photograph taken after operation, April, 1894, to show the straight position of the toes and the slight elevation of the distal phalanx.

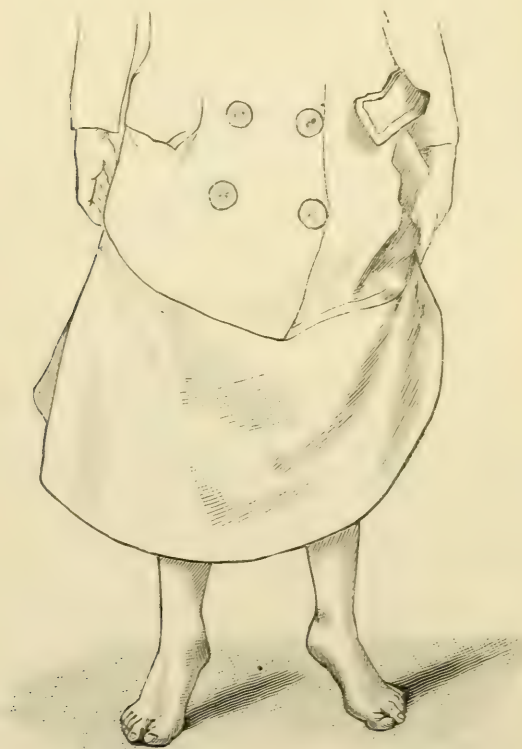
removing bursæ, cartilages, and osteophytes, and finally pinning the bones together with an ivory peg. The wounds

healed in the orthodox manner, and gave no trouble whatever.

July 1st.—“Has walked for last fortnight without any apparatus—no pain or discomfort.”

January, 1892.—“Walks better than she has done for years. Has no complaint to make of any kind. Joints firmly ankylosed in good position.” She walked “bare-foot” in the ward, when it was seen that the distal phalanx is slightly raised from the ground, as it should be if the

FIG. 4.



From a photograph taken April, 1894, whilst she was standing on tiptoe.

metatarso-phalangeal joint be ankylosed, but it does not alter her gait. She could stand and walk on tiptoe without any pain or discomfort.

November 16th, 1892.—She came to show a little hard lump on dorsum of right toe, which, it was thought, might be the end of an ivory peg. The same nodule could not be felt on the opposite toe.

April 6th, 1894.—She came to-day in answer to a letter, as I wanted to obtain a photograph of her feet. She walks without the slightest pain or inconvenience, and is very grateful for the relief she has permanently obtained. She walked barefoot and on tiptoe in the ward, and says she can dance. The same little nodule on the right toe can be felt, but it produces no symptoms. It will be seen, Fig. 3, that the distal phalanx is just raised from the ground, which I think is the best position in which to obtain ankylosis in the metatarso-phalangeal joint of the big toe.

CASE 4.—July, 1893.—James B—, æt. 38, labourer, came complaining of his feet, which were certainly much deformed by hammer-toes and hallux valgus.

Eighteen months ago the second toe of right foot had been removed at another hospital for frost-bite. Since then his feet had become much more painful, but had always been more or less of a trouble to him as long as he could remember. It was impossible to obtain anything more positive than this as to the history of his present deformities.

The right foot had an extreme hallux valgus and two hammer-toes (third and fourth), with corns on all the prominent angles.

The left foot was deformed by hallux valgus, but of a less prominent degree than the right. The second, third, and fourth toes of this foot were also in the condition known as hammer-toes.

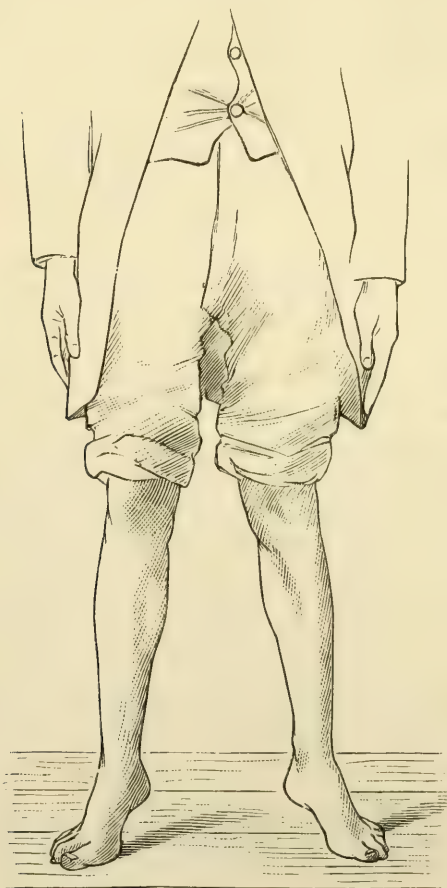
July 15th.—I excised corns and joints for the third and fourth hammer-toes, and then proceeded to treat the hallux valgus of the right foot in the manner already described. Whilst this was being done my house surgeon, Mr. Wainwright, excised the joints of one or more of the hammer-toes of the left foot. The hallux valgus of this foot I thought might be left, as it was not of an extreme kind. The wounds all healed well, but at exactly what date it is



impossible to say, as he was turned out of the hospital for insubordination.

January 15th, 1894.—Came as an out-patient asking for operation on the left hallux valgus. That on the right foot had been so successful that, although formerly it was the

FIG. 5.



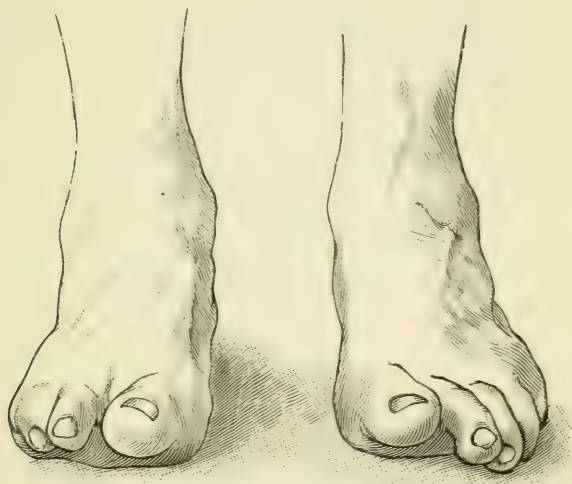
From photograph taken April, 1894, whilst the man is standing on tiptoe.

worst of two bad feet, it was now the best, and gave him no pain or trouble of any kind. All the joints previously treated were firmly ankylosed.

February 9th, 1894.—The left hallux valgus was treated

in the same way as the others, by removal of cartilages and pinning the two bones together. The wound having healed by first intention, he left the hospital in a fortnight.

FIG. 6.



From a photograph taken whilst standing, April, 1894, after the second operation, and shows the distal phalanges raised from the ground. The right foot, it will be remembered, is without a second toe, which had been previously removed for frost-bite. The fifth toe of this foot is not visible.

April, 1894.—He came in answer to a letter, and was photographed (see Figs. 5 and 6). He could now walk without pain or lameness, and was delighted with the result.

Four patients have thus been treated by this method with satisfactory results, and in three of the four both of the joints have been fixed in the same manner, making altogether seven operations. So far there has been no inconvenience in walking; in fact, all of them were vastly improved in this respect, and were able to stand and walk on tiptoe, a performance which was quite impossible before operation.

In some cases occurring in young subjects, where there is a good deal of enlargement and not much deviation from the straight line, excision of the head of the metatarsal bone may be the better operation (Case 2). The same operation for hammer-toe generally results in ankylosis; and if this is

shown to be the case after excision for hallux valgus, anchylosis in the best position at the time of operation would, as a rule, be the safest course, for after the case has left the surgeon's hand the same deformity may occur again. In the hammer-toe the flexed position alone requires correction, but in the hallux deformity it is the deviation of the phalanges outwards which creates the chief difficulty and discomfort.

C A S E  
OF  
SEPARATION OF LOWER EPIPHYSIS OF  
FEMUR.

GANGRENE; AMPUTATION; PYÆMIA; DEATH.

---

By H. H. CLUTTON.

THIS case has so many interesting clinical features that I have thought it might be as instructive to the readers of the hospital reports as it has been to me. The line of treatment in more ways than one was absolutely wrong; or rather, one ought to say that certain clinical features were missed, which if they had been recognised would have resulted in a different line of treatment, which might have saved life.

CASE.—Jane B—, æt. 8, was admitted into St. Thomas's Hospital on October 28th, 1893. She had been running behind an undertaker's cart, holding on to the axle-tree, and managed to let her left leg slip between the spokes of one of the wheels. This is a common form of violence for separation of the lower epiphysis of the femur.<sup>1</sup> "On admission the left leg was held in a flexed position by the

<sup>1</sup> See Jonathan Hutchinson, jun., "Lectures on Injuries to the Epiphyses and their Results." See 'Brit. Med. Journ.,' March 31st, 1894, p. 671.

child, who seemed in great pain. There was a hollow just above the patella at the lower third of the thigh in front. An inch and a half above the upper edge of the patella on the outer side of the thigh was a wound which looked almost like an incised wound, about one inch in length, extending through the deep fascia and into the muscle, which were exposed. There was an extensive hæmatoma on the outer side of this thigh.”<sup>1</sup> Under an anæsthetic Mr. Stabb found a separation at the epiphysial line with displacement of the epiphysis forwards, so that the lower end of the diaphysis was pressing against the popliteal vessels. The deformity could only be reduced with difficulty, and reappeared on omitting extension. The arteries could not be felt at the foot either before or after reduction, and with a finger in the wound Mr. Stabb thought it probable that the popliteal artery was ruptured. There was, however, no hæmorrhage, and for this reason an attempt was made to save the limb, at any rate till my visit next day, when an amputation could have been performed if it had been thought advisable, with as good prospects of success as on admission. The blood-clot was cleared out of the popliteal space, and by constant irrigation the wound rendered as aseptic as possible. A dressing of cyanide gauze was applied, and the whole limb and abdomen enveloped in plaster of Paris with a window opposite the wound. The foot, which had been previously cold and blanched, became warmer and redder. Extension was kept up till the plaster had set, when it was found that the deformity did not recur. Unfortunately a clove-hitch was then applied to the ankle, and from this a weight suspended over the end of the bed.

October 29th.—The foot was warmer than on admission, temp. 102·8°. Wound dressed and tissues found not much swollen. I came to the conclusion that we might attempt to save the limb. From this date to November 10th the notes may be summarised as follows:—The discharge became offensive and the whole limb much swollen, with some sloughing round the wound. The temperature, which might in the first instance (in the case of a child) have

<sup>1</sup> From hospital notes by Mr. Tinley, the dresser to the case.



been looked upon as traumatic, became definitely septic, ranging from  $99^{\circ}$  to  $103^{\circ}$ . The foot became colder, mottled in colour, and finally gangrenous. The clove-hitch was removed before this, but on exactly what day is not stated in my notes nor in the dresser's. A back splint in place of plaster of Paris was applied, and the dressings changed several times a day. It was clear that an amputation would have to be performed, but in the earlier part of this period the amputation must have been made high in the thigh, with every prospect of gangrenous flaps. The child did not show signs of great exhaustion, and was taking food fairly well; we determined, therefore, to wait till November 10th, when an amputation was performed at the line of the wound on outer side of thigh by a large flap from the inner side of the knee. It was found necessary to remove a small portion of the femur.

The operation was well borne and the flaps showed no signs of gangrene, but it was obvious in a few days that some septic absorption was still going on. The discharge from the stump became offensive. The temperature varied from  $99^{\circ}$  to  $103^{\circ}$ . The whole thigh was swollen. The flaps retracted and exposed the end of the femur, which was apparently dead. Under these circumstances I thought a septic osteomyelitis was taking place, and on the occurrence of a rigor on November 17th I determined to remove the end of the femur. On November 18th this was done, and I fully expected to find pus in the medullary canal, but there was none. The section of femur exposed was healthy. I ought then to have at once exposed the femoral vein in the stump, and if found purulent to have ligatured it in Scarpa's triangle. I thought, however, that the suppuration in the stump was the probable cause of the symptoms, as there was profuse suppuration requiring a counter-opening in the thigh.

For three or four days the temperature was lower, she took food easily, and slept well. Then on November 22nd she had a rigor, with temp.  $103^{\circ}$ , and from this time onwards till her death on 30th she had a succession of rigors, suppurative arthritis of left shoulder-joint, and many other signs of pyæmia which it is needless to mention in detail.

One sign of especial import developed on the 24th, and then it was too late to apply the only rational treatment for what must have existed for some considerable time.

November 24th.—Thrombosis of the right femoral vein became apparent, followed by great swelling of the whole of right thigh and leg. I recognised then too late that the left femoral vein had been thrombosed with septic clot, and the thrombosis had extended from left femoral to the vena cava and thence to the right side. Obviously this might originally have been arrested by a ligature of the left femoral vein at the groin. The time at which it should have been seriously entertained was when, at the second operation, the sawn section of femur was seen to be healthy. If an operation for septic absorption is worth doing at all, one ought not to be satisfied till the source of infection is discovered. It would have taken only a few minutes to expose the femoral vein in the groin.

The post-mortem examination by Dr. Hawkins verified our suspicions. There was suppurative thrombosis "with scarcely a break" of the left femoral and external iliac veins, and as high up in vena cava as the entrance of the renal veins. There was a similar clot softening here and there in the right iliac and femoral veins, with a small collection of pus at the apex of Scarpa's triangle. Notwithstanding this condition of the veins there was no sign of disease in the lungs beyond a little œdema. Pleura, pericardium, and peritoneum healthy. The left shoulder-joint contained a drachm of thick pus, without any disease of the component bones. There were no other changes indicative of pyæmia.

*Remarks.*—The absence of infarcts in the lungs especially and in other organs shows that success would probably have followed a ligature of the left femoral vein at the groin at any time before the thrombosis had extended beyond Poupart's ligament. It is quite possible, therefore, that after the second operation, when the supposed osteomyelitis was disproved, *i.e.* between November 18th and 24th, a ligature to the femoral vein might have been successful. The second operation, namely, that on November 18th,

would undoubtedly have been the best time for such an attempt, when it was clearly shown that suppurative osteomyelitis was not the cause of the symptoms. But failing this opportunity there were several days' interval before the clot was found to have extended to the vena cava, and during this interval it might have been done. When once the vena cava was thought to be thrombosed it became too late to consider its advisability. Our knowledge as to the progress of pyæmia from suppurative thrombosis, and the possibility of being able to arrest its progress towards certain death by ligature of the vein on the cardiac side of the farthest limit of the clot, has received abundant confirmation in the modern treatment of lateral sinus pyæmia. In 1892 ('Brit. Med. Journ.,' vol. i, p. 807) I recorded a successful case in which the evidence of pyæmic infection was well marked by suppuration of one ankle and a large abscess in the forearm. They were both opened and drained after the internal jugular vein had been ligatured, and the skull opened in the usual manner for the lateral sinus. The boy recovered, proving that if the ligature can be applied beyond the source of primary infection there is always a chance of success. I have another case in hospital now, April, 1894, of the same kind, in which also life has been saved by the ligature of the internal jugular vein. Many other cases by other surgeons have in recent years been similarly treated with success. It is therefore desirable to apply this knowledge and experience to other parts of the body. It is to be regretted that I did not practise what I am now preaching, but the record of the case may be of use to stimulate others to make the attempt which was in this instance omitted. I fancy that the lesson will not be forgotten by the writer.



# TRAUMATIC SEPARATION

OF THE

## UPPER END OF THE FEMUR IN EARLY LIFE.

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BY WILLIAM HENRY BATTLE.

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THESE cases are brought forward on account of their extreme rarity. It has been asserted that separation of the upper epiphysis of the femur is unknown. Holmes in his work on Diseases of Children, states that "fractures of the neck of the femur are hardly known in childhood; and the upper epiphysis is so small, and lies so completely within the hip-joint, that its disjunction is unknown, except perhaps in the fœtus."

Mr. Henry Morris, in his article "On Injuries of the Lower Extremity," in the last edition of 'Holmes' System of Surgery,' 1883, says that "several supposed examples of this accident have been recorded, but I agree with Mr. Holmes in thinking that they are not conclusive as to the real existence of the lesion." During the years which have elapsed since this article was written there have been some cases recorded in which traumatic separation of the upper epiphysis has undoubtedly been observed. Most surgeons have met with a separation of the upper epiphysis in cases where disease of the hip preceded the separation of the epiphysis, and have removed it by an operation, although its



detachment had not been diagnosed before the operation was undertaken.

The class of case to which I would draw attention, however, is that in which more or less of the intra-capsular part of the femur has been separated as the result of violence inflicted in young and healthy patients who presented no evidence of disease of the hip before the accident which caused the separation. During the ten years from 1881 to 1890 inclusive the statistical reports of St. Thomas's Hospital show that there were 768 cases of fracture of the femur (exclusive of compound fractures of that bone) treated in the wards ; of these 106 were fractures of the neck. Of the fractures of other parts of the femur 483 were males, 179 females. The ages were as follows :—under five years, 231 ; under ten, 145 ; under twenty, 89 ; under thirty, 19 ; under forty, 31 ; under fifty, 52 ; under sixty, 31 ; above sixty, 64. Of fractures of the neck there were 40 males and 66 females, of the ages under ten, 1 ; under twenty, 3 ; under thirty, 6 ; under forty, 2 ; under fifty, 8 ; under sixty, 20 ; over sixty, 67. The contrast which this presents is very marked. Out of 662 cases of simple fracture of the femur (including separation of the lower epiphysis) 465 were below twenty years of age ; whilst of 106 in which the bone was broken within the capsule, only 4 were below twenty years of age. An examination of these 4 cases shows 3 males, aged seven, eight, seventeen, and 1 female aged thirteen under treatment.

CASE 1.—On the morning of July 16th, 1886, the patient, a girl aged 13, fell from a swing and hurt her left hip. She was admitted into Alexandra Ward under the care of Mr. Sydney Jones, and remained under observation there until December 2nd.

*On admission.*—She is a well-nourished girl, complaining of great pain in the left hip on any attempt to move the leg. She is quite unable to walk or to move the affected leg. Manipulation of the limb causes great pain.

On examination under ether there is seen to be considerable eversion of the whole of the affected limb. Measured from the anterior superior iliac spine to the internal mal-

leolus the left leg is  $1\frac{1}{4}$  inches shorter than the right. Measurement from the anterior superior iliac spine to the top of the patella shows a shortening of  $1\frac{1}{4}$  inches in the left thigh. When the patient is lying on the right side, and the left thigh partly flexed, the top of the left great trochanter is in Nélaton's line; but when the patient lies on her back, the top of the left great trochanter is  $1\frac{1}{4}$  inches above the same line.

By making extension on the left leg, and at the same time rotating it inwards, the limb can be brought to the normal position, so that all measurements are the same as the corresponding ones on the right side. If the hand be placed over the left hip, and the thigh be moved strongly upwards and downwards, the femur being at the same time pressed towards the acetabulum, slight but distinct crepitus can be felt, referrible to the hip.

A long outside splint was applied, together with an anterior plaster splint covering the front of the abdomen, and reaching from the level of the umbilicus to midway between the left knee and ankle; and extension was further made by means of a six-pound weight attached to the limb by a cord passing over a pulley at the foot of the bed.

August 18th.—Splints left off for a week. There was fullness in the left groin with flattening of the buttock, lowering and almost complete obliteration of the left gluteal fold; pain on flexion and movements of the limb, also on inward pressure over the great trochanter.

24th.—An extension apparatus with weight of 5 lbs. was applied.

27.—Distinct movement between shaft and separated portion was found on rotation. A plaster-of-Paris splint was applied with 5 lbs. weight.

October 1st.—Splints and extension removed, and the knee bent over a pillow.

4th.—Passive movement was commenced, and later massage of the joint and limb was carried out.

She left the hospital on the 2nd of December, the hip being fixed in a plaster-of-Paris splint, walking with crutches, there being an inch and a quarter shortening.

(I am indebted to Mr. Sydney Jones for permission to

publish this case, and to Mr. Frank Fawcett for the notes).

CASE 2.—J. P.—, aged 8, was admitted, under the care of Mr. McKellar, into Clayton Ward on July 7th, and discharged on August 19th, 1887.

Whilst climbing up a stack of timber (twenty feet in height) the plank he was holding gave way, and he came down with a run from the top of the stack, falling on his right side, the plank (15 ft.  $\times$  8 in.  $\times$  1 in.) striking him on the left hip and forehead. He was unable to stand afterwards.

He looked pale and shaken when admitted, could not stand on the left leg or put it to the ground. Complained of slight pain over the left hip, and down the front of the thigh. There was no eversion of limb, no apparent shortening, and he could flex the thigh on the abdomen. There was a slight abrasion on the forehead over the left eye.

On firmly grasping the thigh with one hand, and placing the other over the hip-joint, the movements of rotation were not diminished; crepitus was not obtainable, nor was it on pressing the bone firmly upwards towards the acetabulum, and the pain during these manipulations was slight, and felt in the upper part of the thigh.

On firmly grasping the great trochanter, pressing inwards whilst extension was made on the thigh, and then gently moving it backwards and forwards, fine crepitus could be felt.

On examination in the ward under an anæsthetic, the great trochanter was found to be half an inch above Nélaton's line; the femur could be rotated to a greater extent than normal, and grating was distinct. After the examination the shortening was three quarters of an inch, and eversion became evident. There was no marked crepitus, but the sensation was undoubtedly that conveyed in cases of separation of epiphysis in other parts of the body. The shortening could be done away with on extension of the limb. Extension and weight of 4 lbs. with plaster splint and long outside was applied.

July 16th.—Splint taken off, a quarter of an inch shortening present; splint reapplied.

Case 3 is that of a boy aged 7, who was admitted under the care of Sir W. MacCormac on May 15th, and left on June 26th, 1882.

He was running along and caught his left foot against the pavement, felt a crick in his hip, and fell down on the opposite limb ; he did not strike the injured side at all. On admission there was well-marked eversion and one inch shortening, but crepitus could not be felt until the boy had been placed under ether. He made a good recovery, but no note was made as to the ultimate result as regards shortening.

Case 4 was admitted under the care of Mr. Sydney Jones on the 7th of November, 1884, and left on the 3rd of January, 1885.

The account of this case is most interesting. The boy, aged 15, was admitted with the limb rotated outwards with some eversion of the foot. He complained of pain on moving the joint, and there was shortening. The pain was so severe that it was necessary to give an anæsthetic to permit of satisfactory examination, when it was discovered that there was marked crepitus in the joint, and no doubt was entertained that the upper epiphysis of the femur was separated.

He had been in the same ward on the 14th of September, 1884, for an injury to the hip, apparently resulting in synovitis of the joint, and had been wearing a splint since leaving hospital. There was no history of recent injury in the case, and symptoms of separation of epiphysis were not present. Further inquiry showed that, when he was formerly in the hospital, there had been a complaint of pain in the knee on the same side for a time before the first accident. He left the hospital wearing a splint, suppuration had not ensued, and when seen some time afterwards the hip was firmly ankylosed.

It is extremely difficult as a rule, before the age of eighteen, when the epiphysis of the head unites to the diaphysis, to say whether an injury has resulted in fracture of the neck of the femur or in a separation of the epiphysis alone. In both the signs are alike, with the exception of



the crepitus elicited on examination ; in the former it is rough and distinct, in the latter it is soft and indistinct. In both there are eversion, shortening amounting to only half an inch, or to as much as one and a half inches, overcome by traction on the limb ; pain on movement, with some swelling about the joint and inability to use the limb.

I have purposely put the heading to these cases somewhat indefinitely, because there is a doubt whether the case (No. 1) of the girl was not an example of intra-capsular fracture of the neck of the femur, for the crepitus was rather more distinct than one would expect after the separation of an epiphysis. Intra-capsular fracture in early life is more common than separation of the epiphysis, but the occurrence of both has been clearly demonstrated. It must be remembered that the narrowest part of the neck is below the level of the line of epiphysial junction.

In the second case there could be no doubt about the nature of the accident. When examined under chloroform there was at no time any definite crepitus to be felt ; at first there was merely a sensation as if something was wrong in the joint, and then obscure grating, not at all resembling crepitus, could be felt. The diagnosis was confirmed by Mr. McKellar a week after admission.

In the third case no doubt was entertained of the nature of the injury by those who examined the boy ; but although I saw this patient I had no opportunity of personally examining him, and have therefore briefly placed the main facts before my readers.

Mr. J. Hutchinson, jun., in his Jacksonian Prize Essay, gives a list of recorded examples of this injury, most of them from the London Hospital,—Mr. Reeves (1), Mr. Hutchinson (3), Mr. McCarthy (1), Mr. Maunder (1), and refers to cases by Mr. Mayo Robson (1), Hamilton (1), Mr. De Morgan (1), Mr. Noble Smith (there is a doubt whether this was not a case of separation from disease,—see ‘Lancet,’ 1886, vol. i, p. 528 ; the patient was not seen by him until eleven weeks after the accident, and the case resulted in ankylosis), and Bousseau (1). The case recorded by Bousseau was an undoubted example of traumatic separation,



for the patient, a boy aged fifteen, died from the shock of the accident, and the epiphysis was found separated at the post-mortem.

Case 4 is important because it resembles closely the account of Mr. Noble Smith's case, and renders it very probable that that was not an example of traumatic separation of the epiphysis, but a separation the result of disease of the hip. It is remarkable that no suppuration in the hip-joint followed the separation of the epiphysis in these two cases, the joint being diseased, the condition differed very much from that obtaining after traumatism.



# ACUTE OSTEO-PERIOSTITIS OF THE FEMORA.

A CASE OF ACUTE BONE INFLAMMATION, IN WHICH A LARGE  
QUANTITY OF MEDULLARY OIL WAS FOUND IN THE  
RESULTING SUBPERIOSTEAL ABSCESES.

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By WILLIAM HENRY BATTLE.

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THE great interest of the following case is the presence in the pus collections which formed between the periosteum and bone of large quantities of oil. The details as to the amount of this are given in the description of the case, but I would draw attention to the fact that in quantity it far exceeded that of the pus in the abscess cavities. It is a source of regret that no record of the microscopical or bacteriological examination of this oil can be given, but the specimen sent down to the museum was unfortunately mislaid and lost. We may, however, take it for granted that it was derived from the interior of the bones, there being no other likely source near. When the incision was made in the right side, and this oil, which resembled olive oil in appearance, ran along the director introduced under the periosteum, it was at first supposed that it was the carbolic oil in which the instrument had been dipped, but pressure over the popliteal space caused such a large increase in the quantity that it was evident it must have come from under the periosteum through the hole made by the director. Even when the

patient was under anæsthetic, it was not possible to make certain that there was fluid in the popliteal space, and the tenderness was so generally diffused throughout the limb that an incision was made on the outer side of the shaft of the bone before the popliteal surface was explored. There is no doubt that the case was one of acute septic osteo-periostitis, and that of a very malignant character, but the absence of suppurating foci in the viscera at the post-mortem examination raises the question as to whether the general condition may not have been in part due to fat embolism, and not to septic absorption and embolism. I have found no case recorded in which oil was found in the products (in large quantity) of acute bone inflammation, and from the fact that complete silence is kept on the subject by most writers on diseases of the bones, and no surgeon of the present day with whom I have conversed on the subject has met with it, it may be regarded as a condition of great rarity, and must require an unusual state to permit of its development. Billroth<sup>1</sup>, who is the only author who even distantly refers to the condition, writes, "In consequence of the high arterial pressure in the medullary canal, Roser asserts that fluid medullary fat is forced out of the medullary cavities through the Haversian canals of the cortical substance, and that osteomyelitis may be diagnosed if the pus from beneath the periosteum be found mixed with globules of fat." The examination of the interior of the femora in this case did not show the presence of osteomyelitis, though the congested patches indicated a state which must have been accompanied by considerable increase of the tension in the bones. It is possible that the tension exceeded that usually met with in cases of acute osteomyelitis, for the exudation of medullary oil is seldom seen in that condition; no proof of this can be given. Increased fluidity of the medullary fat in consequence of the high temperature cannot be assigned as even a possible cause, for the temperature was not high at the stage reached when the abscesses were incised, compared with other recorded cases. There is another question to be considered, and that is how did the medullary oil pass out of the interior of the bone to the popliteal surfaces of the femora? Roser suggests that it

<sup>1</sup> 'Surgical Pathology,' vol. i, 1877, p. 395.

passes through the Haversian canals in osteomyelitis ; but when we recollect that these canals are not open tubes in the living subject, but occupied by vessels which are thrombosed in these acute inflammatory affections, they cannot form a means of escape for anything but the smallest amount of exudation. A more satisfactory explanation, in my opinion, is that the oil escaped at the end of the diaphysis, where the destruction caused by the disease was most marked, extending to a varying but not easily ascertained extent into the bone, probably leaving channels of considerable size, through which a fluid could be forced. No post-mortem examination or experiment with the lower end of the femur would have enabled us to put this theory to the test, for could we have applied sufficient pressure to the sawn end of the bone the medullary fat would have remained solidified by the changed temperature ; and supposing this to have been overcome by artificial heat, the changes produced by coagulation of the blood contained in the vessels and other fluids could not have been done away with as an important factor.

H. C—, aged 6, was admitted into St. Thomas's Hospital on the medical side, having been sent up as a case of rheumatic fever. She was transferred to the care of Mr. Sydney Jones<sup>1</sup> on the following day.

*On admission* (January 14th, 1888).—She was a pale, rather thin child, complaining of pain in both knees and inability to stand, also of sickness. Examination of the legs showed no swelling or tenderness of the left leg, but she called out and cried when the knee was bent. On the right side there was enlargement and tenderness in the whole length of the femur ; just above the knee the girth of the right thigh was half an inch larger than the left, three inches above the knee it was three quarters of an inch larger, and at the upper part about a quarter of an inch larger. There was very great tenderness, which was not, however, in the muscles. It was difficult to examine the bone on account of the great tenderness, but it was apparently thickened, especially at the lower and inner part. No fluctuation could be made out. The tongue was coated with

<sup>1</sup> To whom I am indebted for permission to publish notes of the case.



white fur and dry. The urine contained no albumen. The heart, lungs, and abdomen were normal. The temperature was  $102.2^{\circ}$ .

The following was the history of the case:—On the 11th of the month she was quite well; on that date she is said to have been kicked on the legs. Next day she shivered, was sick, complained of pain in her legs, and could not walk; this pain has persisted and been very severe. She had been delirious at night, not sleeping. Mr. Robert Nairne, the house physician, diagnosed the case as one of acute disease of the femora, and she was transferred to the surgical side. During the night some rest was secured by means of opium, but on the following day she was worse in her general condition, being delirious and calling out to people not present, although she appeared to know what was happening around. The local condition remained much the same; there was, if anything, more pain and tenderness, but the swelling was not distinctly localised: it was thought that the disease was chiefly of the lower end of the bone on each side. No fluctuation could be found. Mr. Sydney Jones, who was sent for and saw her in the afternoon, ordered hot fomentations to the thighs, and the application of long outside splints. On the 16th she was worse, had not slept much, although several doses of tincture of opium had been given during the night at intervals of an hour. She complained of tenderness, chiefly in the left thigh, also of frontal headache. The bowels had acted several times, the motions being offensive and watery. The urine was passed in bed. There was retching, but no actual vomiting. The tongue was dry and furred; she constantly called out for water. Pulse 160, soft.

In the afternoon she was placed under chloroform and the thighs carefully examined. There was some swelling about the right, but no fluctuation could be detected anywhere. Mr. Jones, however, decided to explore, and made an incision into the femur, to the outer side at the junction of the middle and lower thirds; the periosteum was normal, and also the bone beneath it. He then made an incision on the inner side so as to explore the popliteal space. The periosteum having been divided, and a director passed towards the

posterior aspect of the bone, a quantity of oily material showed itself with a little pus; this was increased to the extent of at least half an ounce by pressure over the space. The bone was bared, and the periosteum raised from the whole of the popliteal surface. Antiseptics, including the use of chloride of zinc (1 in 40), were employed, a drainage-tube inserted, and the splint reapplied. It was not considered advisable to do anything further, as the pulse was very weak. Some rest was obtained during the night by means of the injection of morphia, but with the exception of some relief of pain on the right side there was little change.

Having been left in charge of the patient, I (on the following morning) explored the left popliteal space, where there was increased swelling and much pain. When the child was under chloroform we could detect fluctuation, and the incision made on the inner side gave exit to more than an ounce of oily fluid from under the periosteum, there being little pus mixed with it. This fluid was yellowish in colour, and flowed freely from the wound. In the evening the respiration was hurried and the temperature high. The cardiac dulness was found to be increased, the sounds muffled, but without friction. She had had lucid intervals during the day. On the 18th her voice was very husky, and she had frequent vomiting and diarrhoea. A parotid bubo developed on the left side; there was slight facial paralysis, and signs of consolidation at the bases of the lungs. She was very restless, and died at 8 p.m.

*Temperature Chart.*

14th, 7 p.m.	102·2°	16th, 12 p.m.	102·0°
12 "	102·0°	17th, 4 a.m.	101·6°
15th, 4 a.m.	102·6°	8 "	102·0°
8 "	101·2°		Incision.
1.45 p.m.	102·8°	12 "	103·6°
4 "	103·0°	4 p.m.	104·0°
8 "	101·6°	8 "	104·2°
12 "	102·0°	12 "	104·6°
16th, 4 a.m.	102·2°	18th, 4 a.m.	104·8°
8 "	101·0°	8 "	101·0°
12 "	103·2°	12 "	103·2°
	Incision.	4 p.m.	104·0°
8 p.m.	102·8°	8 "	106·6°

Dr. Sharkey, who made the post-mortem examination, reported : "Body of a rather thin child, with general tinge of skin. Incisions were present over the internal aspect of lower end of both femora. The state of affairs on both sides was the same, except that on the right the disease extends for about two thirds of the length of the femur, and in the left for about one half along the internal and posterior aspects of these bones ; the periosteum was thickened and completely separated from the subjacent bone ; there was a little yellow pus outside it, and the muscles were pale, mottled, and dry. The knee-joints on both sides were healthy, so was the epiphysial cartilage, epiphysis and shaft of femur ; there was no evidence that there was anything further than periostitis. There was no evident osteomyelitis. The elbow-joints and ulna were healthy, nor was any other bone disease detected in the body. Heart : no pericarditis, myocarditis, or other abnormality. Lungs hyperæmic in dependent parts, with minute islands of broncho-pneumonia, none of which were suppurating. Liver probably the seat of advanced cloudy swelling. Spleen normal. Kidneys contained suppurating infarcts. Head not examined. The lower end of the right femur was removed for further examination.

A section of this bone was subsequently made, but there was no evident disease of the central part beyond some patches of congestion in places. The popliteal surface was bare and rough, and there had been some irregular pitting along the line of junction of epiphysis with shaft posteriorly.

The delay in publication of this case has arisen from the desire which I felt to make it of more value by the addition of the experience of others. There being no similar case published, I have thought it advisable to bring it forward as a clinical observation. Sometimes such a course is successful in eliciting unpublished observations.

## ACUTE BRONCHIECTASIS.

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BY SEYMOUR J. SHARKEY, M.D.

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### DIPHTHERIA, ACUTE PERIBRONCHITIS, AND EXTREME BRONCHIECTASIS.

F. A—, æt. 2 years, was admitted under Dr. Payne on October 13th and died on October 23rd, 1888.

One of the family to which the patient belonged had just died of diphtheria, but the patient herself had never had any illness except measles. On October 11th she was taken ill, the symptoms being sore throat, sickness, and later difficulty of swallowing.

On admission the child was found to have a characteristic diphtheritic throat, but no evidence of disease was found in the lungs or other organs. The heart's action was 168 per minute, respiration 32 per minute. The affection of throat and glands was severe, and the temperature, although it went down to normal two days after admission, rose again and remained very high until death occurred. It generally varied from 102° to 104° or 105°. Albumen also appeared in the urine and the child was very drowsy.

No note appears as to the condition of the lungs after the first which recorded that they were then healthy.

On October 23rd I made a post-mortem examination, and found that the body was well formed and well nourished.



There was intense diphtheritic inflammation of the pharynx, soft palate, and larynx, and they were covered with thick membrane. The greater part of the trachea was injected, but presented no membrane.

The lungs were pale and curiously dotted with black pigment spots. These were hard to the touch, and the centre of each was occupied by a small bronchus. The bronchioles were everywhere dilated. The affection appeared to be a chronic peribronchitis with bronchiectasis ; but scattered here and there through the lungs were what appeared to be small miliary tubercles. All the other organs were free from disease.

Microscopically it was seen that there was an acute peribronchitis, accompanied by extreme bronchiectasis, a certain amount of acute interstitial pneumonia apparently spreading from the acute peribronchial inflammation, and a little, but very little, emphysema. The walls of most of the finer bronchi were infiltrated with leucocytes, which invaded the peribronchial connective tissue in great numbers, forming a solid circular mass, which was perforated by the dilated lumen of the bronchus. From these, as centres, the leucocytes invaded the walls of the surrounding alveoli, but those at a distance from the bronchi were but little altered. Catarrhal pneumonia was conspicuously absent. No tubercles were seen.

#### ACUTE BRONCHITIS, PERIBRONCHITIS, INTERSTITIAL PNEUMONIA, AND EXTREME BRONCHIECTASIS.

William C—, æt. 4 years, was admitted under my care on May 27th and died on June 10th, 1893. Family history was unimportant, and the child's own history showed that he had always been very healthy, and had not even suffered from the ordinary diseases of childhood. No history suggestive of rickets was elicited, and the child had never had shortness of breath ; he never even had a cough until two months before admission. He was then attacked with cough, expectoration of thick phlegm, and sickness, the latter occurring three or four times a day. The appetite was bad, and the bowels regular until a week before admission, when



there was some diarrhœa, which lasted two or three days. At the same time the other symptoms got more troublesome and the cough and shortness of breath were increased. He got weaker, too, but he was still able to go to school up to the day of his admission.

On admission he was found to be a poorly-nourished child, with a dusky flushed face, and breathing very rapidly. The respiration was very shallow and accompanied by a good deal of wheezing and occasional cough. The chest was ill-formed, but it moved pretty well and fairly equally on the two sides. Over the whole of both lungs were heard many crepitations, but no tubular breathing, nor was there any marked dulness on percussion. No sign of disease in other organs. Pulse 136, regular but weak; temp. 102.6°; resp. 44.

After admission he continued to be very cyanosed, the pulse 120 to 140, respirations from 50 to 60. He slept pretty well, but took food very badly. The temperature dropped to normal or below and remained there.

On June 3rd subcutaneous emphysema was found over neck, cheeks, abdomen, back and arms as far as the wrists. The emphysema was limited below by the iliac crests and Poupart's ligaments. The eyelids were much swollen.

On June 8th pulse was 140 and weak, resp. 70, temp. 97°, and the patient was very deeply cyanosed. Urine was never abnormal or materially reduced in quantity. Little or no change occurred in his condition up to the time of death.

Dr. Turney made the post-mortem examination on June 12th. The body was fairly nourished, limbs straight, and epiphyses not enlarged. Chest somewhat of "pigeon" type, but ribs not beaded. Fontanelles were closed. The subcutaneous cellular tissue over a wide area was found infiltrated with air, and so were the mediastinal tissues. The lungs were very bulky; their surfaces were thickly strewn with small, round, transparent bladder-like elevations. On section both lungs showed a precisely similar condition. A number of small cavities, the largest of about the size of a pea, were scattered through the organs, and gave them a worm-eaten appearance. Their cavities had perfectly smooth walls, and were either empty or full of frothy mucus. They

were most thickly distributed under the pleural surfaces. The larger bronchial tubes were not perceptibly dilated, and showed no signs of disease. In both lungs there were numerous patches of broncho-pneumonia, all of small size, and here and there was some collapse. There were no signs of tubercle. The bronchial glands were healthy. There was much dilatation and hypertrophy of the right ventricle of the heart ; no other disease of heart. All the other organs were healthy.

Microscopically it was seen that there was wide-spread but unequally distributed acute bronchitis with peribronchitis, interstitial and alveolar broncho-pneumonia, and pulmonary collapse. There were no signs of tubercle. The bronchioles were extremely dilated and their walls thinned, and there was in addition considerable emphysema.



## DESCRIPTION OF PLATE I,

Illustrating Dr. Sharkey's paper on Bronchiectasis.

Represents the external surface of lung, which is seen to be dotted with vesicles. In the fresh state they projected boldly on the pleural surface.









DESCRIPTION OF PLATE II,

Illustrating Dr. Sharkey's paper on Bronchiectasis.

Vertical section of the same lung, showing dilated bronchioles distributed over the whole surface.









## DESCRIPTION OF PLATE III,

Illustrating Dr. Sharkey's paper on Bronchiectasis.

FIG. 1.—Microscopical section from the lung of the earlier of the two cases, showing three dilated bronchioles and the neighbouring lung-tissue, the latter almost normal.

FIG. 2.—Section of lung of the later of the two cases (figs. 1 and 2) more highly magnified and showing acute peribronchial and interstitial inflammation, with some emphysema.

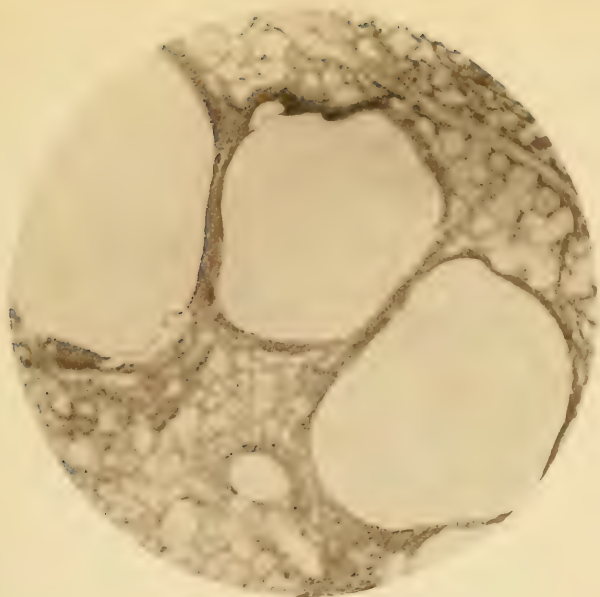


FIG. 1.

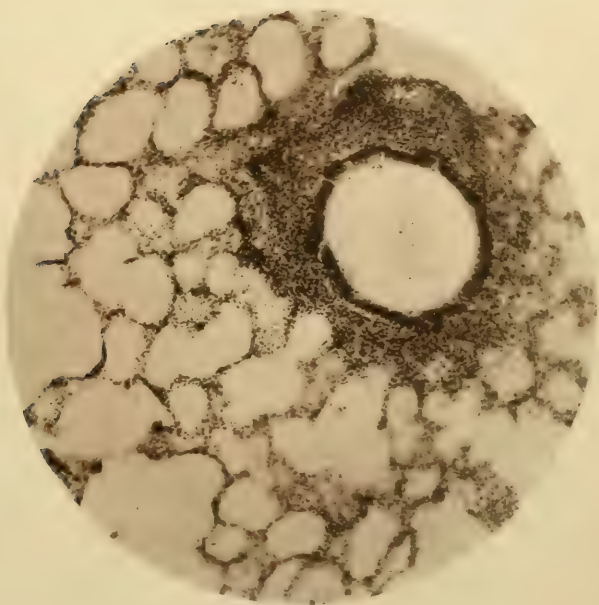


FIG. 2.



# PREGNANCY IN A UNICERVICAL BICORNUATE UTERUS.

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BY WALTER W. H. TATE, M.D., M.R.C.P.

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MANY cases of pregnancy occurring in a bicornuate uterus have been described, and no doubt a still larger number have been overlooked, owing to the absence of any special symptoms or complications directing attention to an abnormal condition of the uterus. Matthews Duncan described a case in the 'Obstet. Trans.,' vol. xxiii, which he detected in a patient at her ninth confinement, the eight previous confinements having presented nothing unusual. In the last confinement, however, the placenta and amnion came away naturally, but the chorion was detained, and it was on introducing his hand into the uterus to remove the latter that the bicornuate condition was discovered. He also describes a second case in the 'Obstetrical Journal,' vol. i, which was found at the autopsy of a woman who had died at the age of forty-eight. She had had three children, one of whom had been premature.

The case detailed below was under my care in St. Thomas's Hospital during the absence of Dr. Cullingworth through illness. I am glad to have this opportunity of thanking him for allowing me to publish the following account, which presents some points of interest. For the



clinical notes of the case I am indebted to Mr. C. W. Windsor.

E. L—, æt. 45, was admitted to Adelaide Ward on the 1st June, 1893. With the exception of an attack of small-pox at the age of thirteen, her previous health had always been good. Menstruation had always been regular, of the twenty-eighth day type, lasting three to four days, and unaccompanied by pain. Married at the age of twenty-one. Patient had had nine confinements, in all of which labour had been free from complications. There was no history of twins or abnormal presentations. The last two children were born in 1887 and 1889 respectively. After the birth of the last child menstruation recurred, and was quite regular up till October, 1891, when it ceased entirely for fifteen months. She enjoyed perfectly good health during this time, and attributed the cessation of the menses to change of life.

The present illness dates from January, 1893, when patient had a fall, striking the right side of her abdomen against a chopping block. Within twenty-four hours after the fall she noticed a blood-stained discharge from the vagina, which lasted three weeks; the discharge was moderate in amount and was not accompanied with pain. The discharge then stopped for a few days, after which it again recurred, and was similar in character. This alternate loss and freedom from discharge has continued up till her admission to the hospital on 1st June. During the two months before admission she has noticed some ragged fleshy masses, which came away with the blood-stained discharge. She has also suffered from bearing-down pains in the back and in the lower part of the abdomen, which have varied in severity. There has been no morning sickness or pain in the breasts. Patient was seen by a doctor towards the end of May, on account of the pain in the abdomen, and he told her she was pregnant, but that the child was not in the womb. Although this patient had had nine previous pregnancies, she had no idea of her condition till the doctor told her.

On examination the breasts were seen to be enlarged, the areola pigmented, and serum was easily pressed from the

nipple. There was some prominence of the lower part of the abdomen, especially on the right side. On palpation, a swelling was readily felt arising out of the pelvis to within a finger's breadth of the umbilicus; it extended outwards on the right side towards the anterior superior iliac spine, but on the left side only a short distance to the left of the middle line. The mass was for the most part smooth on the surface, and had the consistence of the pregnant uterus. A little below the level of the umbilicus and at the upper and left corner of the swelling was a firmer and more solid portion, which was continuous over the anterior surface with the softer main portion of the swelling, but was separated from the latter by a distinct sulcus along its upper border. This firmer portion was thought to be the fundus of the enlarged uterus. The foetal heart-sounds were just audible. On June 4th patient was examined under ether. There was marked blue coloration of vagina; the cervix was softened, but otherwise normal. Bimanually the firm portion at the left and upper angle of the swelling was found to be the fundus uteri, and the sulcus separating it from the rest of the mass was very distinct. The swelling which occupied the right side of the abdomen, and which was continuous with the uterus over its anterior aspect, and with the cervix below, was clearly the gestation sac in immediate connection with or a part of the uterus. As it seemed certain that, from the patient's symptoms, the pregnancy could not be prolonged to term, and as it was thought possible that the passage of the sound might assist the diagnosis, it was carefully introduced, and was found to pass upwards and to the left without meeting any resistance for a distance of four and a half inches. The point of the sound could be felt in the firmer portion of the tumour, showing that this was the fundus uteri.

Patient continued to have a blood-stained discharge from the time of her admission, and on June 7th, at 4 a.m., she began to have very severe pains in the lower part of the abdomen with considerable hæmorrhage from the vagina. These pains lasted till 6 a.m., when the foetus of the fifth month—enclosed in the unruptured bag of membranes with the placenta—was expelled entire. The uterus contracted

well after expulsion of its contents. On abdominal examination a few hours later the uterus was found lying in the hypogastric region, and the upper portion was separated by a very distinct sulcus into two lobes, a larger one on the right side, which had been the seat of the gestation, and a smaller one on the left side. It was now evident that the pregnancy had occurred in the right horn of a bicornuate uterus. At an examination made eight days after delivery the median sulcus was not so distinct, but the body of the uterus was markedly increased in the transverse diameter. The sound passed for the normal distance to the left side of the uterus, and for three and a quarter inches up towards the right side of the fundus. It was also evident that a septum projected downwards from the fundus towards the internal os, separating the body of the uterus into two parts.

The patient left the hospital on June 22nd, 1893, quite well and strong. On May 17th, 1894, she reported that she was keeping well, but had had only two menstrual periods, both scanty in amount, since she left the ward, *i. e.* during a period of eleven months.

So much for the history and physical signs in this patient, which it has been necessary to detail at some length, owing to their important bearing on the remarks which follow. The diagnosis in this case was quite easy after the uterus had discharged its contents; the bilobed condition of the uterus could then be readily made out on palpation of the abdomen. Before the occurrence of the miscarriage, however, it was difficult to say whether the unusual outline of the gestation sac was due to a pregnancy in a bicornuate uterus, or to a tubo-uterine pregnancy. In both these conditions the gestation sac is continuous with and apparently a portion of the uterus, and the fact that the sound may be passed for a greater distance than normal, and to a particular part of the tumour, does not assist the diagnosis much. The usual date of rupture of a tubo-uterine gestation sac is from the eighth to the twentieth week according to Bland Sutton, and the fact that the pregnancy had been prolonged to this later limit without rupture, would make a diagnosis of interstitial preg-

nancy improbable, though it would not exclude it. Pregnancies in bicornuate uteri, however, frequently go on to full term, though there is a slight tendency to premature delivery. There do not appear to me to be any absolutely distinct physical signs by which it is possible to differentiate these two conditions, supposing the pregnancy had advanced to the third or fourth month without rupture or abortion respectively. The diagnosis from tubal gestation and gestation in the rudimentary horn of a bicorned uterus as a rule presents less difficulty, as in both of these the gestation sac forms a tumour which is separable and usually distinct from the enlarged body of the uterus.

Another interesting question in connection with these cases is, whether or not a decidua becomes formed in the unimpregnated cornu. It will be remembered that in the present case there was a history of the expulsion of ragged fleshy masses during the two months before admission, but such a statement is of little value in settling a point of this kind. In the 'Obstetrical Transactions' (vols. xxiii, xxiv, and xxvi) Dr. Cleveland described three very interesting specimens of decidua, which were discharged from the uterus on the second or third day after delivery in three consecutive pregnancies. This expulsion of decidua was accompanied by pain and hæmorrhage. The specimens were examined by a special committee of the Obstetrical Society, who reported that they were undoubtedly decidual casts, which must have been discharged from the unimpregnated horn of a patient with a bicornuate condition of the uterus. Here, again, the evidence is not absolutely conclusive, as a careful examination of the patient after delivery could not be made, but it is difficult to conceive any other explanation of the occurrence.

As to the cause of the hæmorrhage, which was an almost constant symptom throughout the course of the pregnancy, it is difficult to express a definite opinion. Possibly it may have occurred during the development and during the gradual separation of the decidua in the unimpregnated horn of the uterus, assuming that such a decidua is present in these cases. Hæmorrhage is not, however, a constant symptom, and it was entirely absent in Matthews Duncan's cases. Another explanation is possible in the patient whose case is



detailed above. It will have been observed that the foetus enclosed in the amniotic sac was expelled entire with the placenta ; this expulsion of the ovum entire is unusual at so late a period as the fifth month of pregnancy. It is, however, of more frequent occurrence in cases of placenta prævia, in which the intra-uterine pressure does not act directly on the bag of membranes, but where the latter are everywhere supported by the uterine wall. Assuming, then, that the placenta was inserted over the internal os, this might account for the persistent hæmorrhage which occurred during the five months preceding the miscarriage. In support of this theory, I may refer to two specimens of placenta prævia described by Boxall in the 'Obstet. Trans.,' vol. xxxiv, in which the foetus was extruded in the unruptured sac at the sixth and eighth months of gestation respectively.

The last factor in the present case, which is one of considerable interest, is the occurrence of pregnancy apparently after the menopause. This statement may appear to be at variance with the current ideas on the subject, but I think the facts of the case warrant it. We have here a woman who has always been regular, and whose last two confinements occurred in 1887 and 1889 respectively ; she is then regular till October, 1891, when at the age of forty-three menstruation ceases ; she then sees nothing for fifteen months, at the end of which period she becomes pregnant, and has a miscarriage at the fifth month, as described above. I may add that during the eleven months succeeding the miscarriage she has had two discharges of blood for a few days, both of which were scanty in amount. In the absence of any history of ill-health or other conditions to account for the fifteen months' amenorrhœa, the most common cause of this condition occurring in a woman of forty-three is the climacteric. Now, although it is usually stated that pregnancy only occurs during the period of menstrual activity, there is no proof that ovulation and menstruation occur *pari passu*. Many well-authenticated cases tend rather to an opposite view. Conception has been said to occur before the first menstruation ; it certainly frequently occurs during lactation in cases where menstruation is absent. Dr. Tilt, in his work on the climacteric, mentions three cases which he



knew of personally, where conception occurred during the change of life. He also relates a case published by Mr. Pearson, in which a woman was delivered of her tenth child eighteen months after the cessation of the menses. Lemoine and Renaudin describe an interesting case of a woman who had a pregnancy at the age of forty-six, when menstruation had been absent for three years. Many other similar cases are described in Ernest Barie's work on the menopause, and they all tend to show that though conception, as a rule, occurs only during the period of menstrual activity, yet in exceptional cases it may occur during or after the climacteric.



# STERILISED SURGICAL DRESSINGS AND STERILISED WATER.

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BY EDMUND WHITE, B.Sc.LOND., F.I.C.,  
PHARMACEUTIST TO ST. THOMAS'S HOSPITAL.

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## STERILISED SURGICAL DRESSINGS.

THE supply of sterilised dressings to a large institution presents a number of difficulties which are not encountered in private surgical practice. I propose to give an account of the apparatus and method of procedure which have been adopted in St. Thomas's Hospital.

The steriliser, Fig. 1, is a cast-iron circular vessel, having an internal diameter of 2 feet 4 inches, and a depth of 2 feet. The walls are  $\frac{3}{4}$  inch thick, and are covered to a thickness of 2 inches with asbestos to prevent loss of heat as much as possible. The lid is flat,  $\frac{3}{4}$  inch thick, and strengthened by four radial ribs. It is secured in place by six swivel bolts, four of which are shown in the figure, and raised by a wheel and screw, H, passing through an arm or davit. This davit turns in the two sockets, F, G, thus allowing the lid to be swung aside when raised. Inside there are two removable shelves of perforated galvanised iron, supported by projections cast on the interior of the steriliser. The steam, supplied from the boiler of the pharmaceutical laboratory, enters at the side through the pipe A; waste steam and condensed water escape through the pipe B. A safety-valve, C, and pressure gauge, D, complete the apparatus.

The dressings are cut, folded, or made into the form in which they will be used, and placed into cylindrical glass jars provided with flat overlapping lids. The size mostly used is 8 inches in height and 4 inches in diameter.

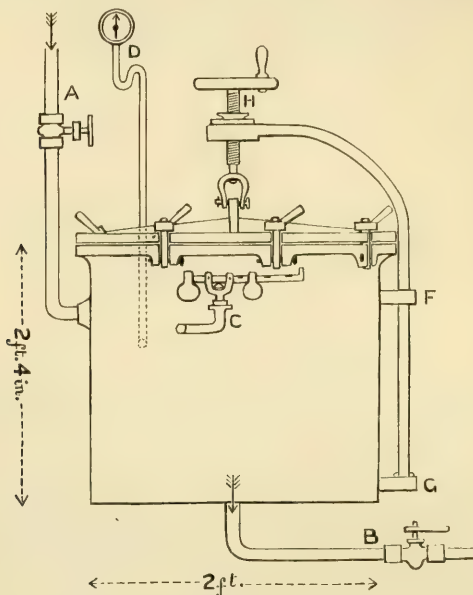


FIG. 1.

The jars are filled by the sister who has charge of the case for which the dressings are intended. They are placed in the steriliser lying on their sides with the lids off, and exposed to the action of steam for one hour. The steam pressure is allowed to rise gradually during the first fifteen minutes until the gauge shows 18—20 lbs. to the square inch, a pressure corresponding to a temperature of about  $125^{\circ}$  C. At the expiration of the hour the supply of steam is shut off and the compressed steam allowed to escape by opening the tap in the pipe B. The lid is released by unscrewing the swivel bolts, and raised about half an inch to allow the remaining steam to diffuse out. It is next swung aside and the jars removed by an attendant, who spreads over the mouth of each a layer of sterilised cotton wool before

putting on the lids. The layers of wool being compressed between the edge of the jar and the lid prevents the ingress of dust or germs. Over each jar a long, narrow label, gummed at the ends, is placed, on which is marked the ward from which the jar is sent and the date of sterilisation. The jar cannot be opened without breaking this label, which thus indicates whether the contents have been tampered with after sterilisation.

It was found at first that the materials came out too damp, sometimes even quite wet, thus diminishing their absorbent power. This defect is now remedied by first heating the empty steriliser by the passage of steam for about fifteen minutes. It is then opened, and after allowing the enclosed steam to escape the jars are put into position. The steriliser being of massive construction retains the heat imparted to it by the preliminary steaming, and after waiting fifteen minutes for the jars and their contents to become heated the steam is again turned on, and sterilisation completed in the manner already described. After this preliminary heating in the hot dry steriliser there is much less condensation of moisture in the dressings. For the first five minutes of sterilisation steam is allowed to pass freely through the apparatus, so as to displace the air and secure a thoroughly moist atmosphere, and for the rest of the time the tap in the pipe B is kept slightly open, just enough to allow the condensed water to escape with a little steam.

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## STERILISED WATER.

### *An Apparatus for the Supply of Sterilised Water for Irrigation, &c., in Surgical Operations.*

This consists of two parts, the first, Fig. 2, in which water supplied from the main is brought to the required temperature; the second, Fig. 3, in which the water is sterilised by passage through a Berkefeld (kieselguhr) filter.

Fig. 2 consists of an outer copper cylinder, 9 inches long and 3 inches in diameter, in which is placed a coil of copper



tubing thickly tinned inside. Through this coil water passes from the hot water main, and its temperature is recorded by the thermometer *T*. As this is nearly always hotter than required, the space around the coil is filled with cold water entering through the tube *c*. By means of the tap *D* at the bottom the outflow of this cold water may be so regulated as to bring the water leaving the coil to the desired temperature. The water then passes to the filter

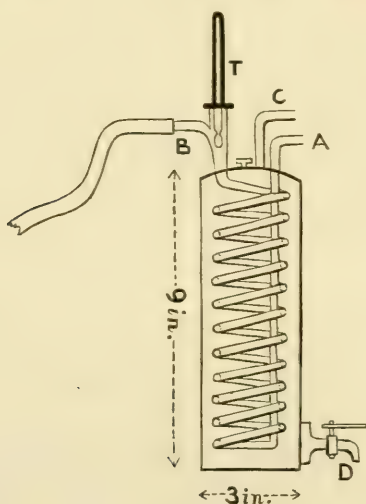


FIG. 2.

through rubber tubing sufficiently long to allow the filter to be moved easily to any part of the operating room.

The filter, Fig. 3, which is 12 inches long by about 3 inches in diameter (outside measurement), consists of a cylinder of compressed kieselguhr enclosed in an iron jacket. In the figure the position of the filtering cylinder is indicated by the dotted lines. The water entering at *A* fills the space between the jacket and the cylinder; it is driven through the latter, and escapes sterilised by the tube *B*. The filter is mounted on an iron tripod provided with rubber-tired wheels to enable it to be easily moved about the operating table. With 12 feet of tubing between the coil and filter it is found that the temperature of the water

passing from the thermometer  $\tau$ , Fig. 2, to the orifice of  $B$ , Fig. 3, falls from  $2^{\circ}$  to  $5^{\circ}$  F. according to the rate of flow. That is, if water at  $100^{\circ}$  F. be required the thermometer should indicate  $102^{\circ}$ — $105^{\circ}$  F.

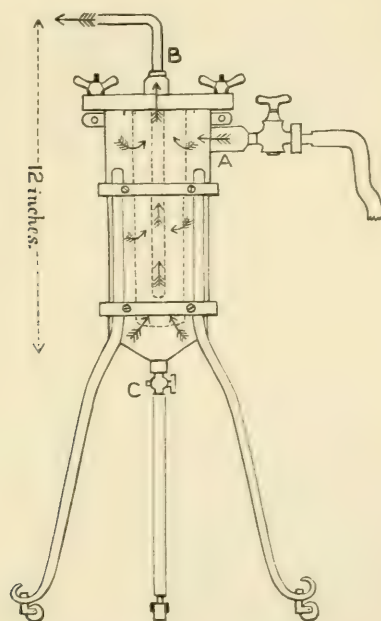


FIG. 3.

When hot water is not available the coil may be used thus:— Cold water is passed through the coil, the space outside being also filled with cold water. A gas burner placed beneath the cylinder heats the water around the coil, the water passing through being brought to the desired temperature either by regulating the gas burner or by opening the tap  $D$ .

In places where the pressure in the hot and cold water pipes is the same, the waters may be mixed, before entering the coil, in the proportion to give the desired temperature. Regulation of temperature by the flow of cold water through  $c$  to  $D$ , Fig. 2, is then unnecessary. It is advisable even in this case to have the coil arranged as shown, for in case of failure of the hot water supply, gas may be used as the source of heat.

The sterilising power of the filter has been tested at the end of one hour's, twenty-four hours', and forty-eight hours' continuous passage of water. In no case could any growth be obtained by inoculating culture tubes, either at ordinary temperature or at 40° C.

It is advisable to remove the kieselguhr block, boil it in water about every other day, and lightly brush it in order to remove the deposit which collects on the outside and retards the flow of water through the filter.

# A CASE OF GANGRENE OF FOOT WITH SUGAR IN THE URINE SUCCESSFULLY TREATED BY AMPUTATION.

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BY CUTHBERT S. WALLACE, F.R.C.S.

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J. W. W— was admitted September 20th, 1893. His previous history was good, except that he said he was subject to gout.

The present illness started about fourteen days before admission with pain in the ball of the left great toe. It was then observed that the skin in this situation was thickened, and that a piece was partly detached. This piece the patient tore off, and under it discovered a piece of iron nail about one eighth of an inch long. Inflammation then set it, and extended on to the dorsum of foot, and the tissues around the original sore became discoloured. When first seen the patient is a pale unhealthy-looking man, complaining of a sore on left foot of fourteen days' duration.

On inspection, the skin on the sole of the left foot over the head of the first metatarsal bone is destroyed by an unhealthy ulcer with black base and irregular borders. Extending from this is a red blush which reaches on to the dorsal aspect of the great toe and foot, and spreads as far as the ankle-joint and the fourth metatarsal bone. The skin here is tense, but there is no fluctuation. In addition to this there is a purple discolouration of the skin of the great toe and of that on the plantar and dorsal aspects of the first metatarsal bone. Temperature is 100° F. No pulsation can be felt in either the anterior or posterior tibial arteries. The urine contains sugar. The patient was kept in bed, and the foot dressed with Lot. Sodæ Chlor.

There was some improvement during the next two days, but on September 25th the gangrene was evidently extending. It was therefore decided to amputate, but the patient would not consent, and wished to be allowed to return home. He was accordingly discharged.

On September 29th the patient was readmitted for amputation, as the foot was worse and occasioned great pain. The gangrene had not extended much, but was more pronounced. The great toe had become entirely gangrenous, and all sensation in it was abolished. Amputation was performed the same night through the lower third of the thigh, the circular method being adopted. The femoral artery was extensively degenerated and very brittle. This was the only artery that required ligature. The skin was brought together with a few silk sutures and a drainage-tube inserted, which was left in for twenty-four hours.

A modified diabetic diet was allowed, being ordinary diet with the exclusion of white bread, potatoes, and starchy foods, and with the substitution of saccharine for sugar. *Pil Codeinæ gr. i b. d.* was also given.

The patient suffered from but little shock, and progressed favourably until October 5th, when he became drowsy and his temperature dropped to 95·4° F. On the next day there was a great improvement, and from then until his discharge his condition gave no cause for anxiety. The wound itself healed well, there being only some superficial sloughing of the skin edges at one point. Patient left the hospital on November 9th.

On April 18th, 1894, patient reported himself as quite well, and said that the stump was quite healed.

*Remarks.*—The small amount of shock that accompanied the operation was remarkable, the pulse being fairly good immediately after the operation. The temperature throughout was subnormal with three exceptions, when it rose to 98·4°, 98·6°, and 100·4°. The latter temperature was the highest recorded, and was observed on the fourth day. On the fifth and sixth days the temperature fell to 95·4°, and it was at this time that the patient became drowsy and gave some cause for anxiety.

*Sugar.*—The amount of sugar rose for the first three



days after operation—560, 1360, and 1400 grains being the respective amounts in twenty-four hours. From this time the quantity fell, except for an occasional rise, continuously until the fifteenth day, when the amount was only 190 grains. Then for three days there was only a trace, when on the nineteenth day the amount rose to 234 grains, to fall next day to 60 grains. On the succeeding day there was a trace, after which the sugar *ceased entirely*.

The specific gravity of the urine also diminished with the sugar, until with the disappearance of the latter it reached an average of 1015, with one exception, when it rose to 1028.

*Urea.*—The quantity of this varied when taken between 1 per cent. and 1·7 per cent.

*Amount of urine* was never excessive, the greatest amount in twenty-four hours being 70 ounces. This was passed on the fourth day, and contained the greatest amount of sugar, namely 1400 grains.

In a case of gangrene with sugar in the urine it is at the outset difficult, even if possible, to say whether we have to do with a case of diabetes or only glycosuria in a gouty subject. Indeed, it is not definitely settled what relation the sugar has to the gangrene.

When gangrene occurs it is very rare under forty years of age, and is then accompanied, as a rule, by arterial degeneration, to which diabetics are subject even when comparatively young. It may be that the diabetes only favours gangrene in a patient already liable to it from the presence of arterial disease. The gangrene nearly always starts from injury, or it may start from an ulcer, simple or perforating, and it is probable that the state of health producing the sugar in the urine allows the invasion of the tissues by septic organisms, and thus aids and hastens on the destructive process.

On the other hand, cases of diabetic gangrene occur in which there is no arterial disease, and in these cases the diabetes must be in great measure the cause of the gangrene.

It happens occasionally that after amputation the sugar disappears, or is greatly diminished, and this seems to suggest that it is possible that the gangrene may cause the presence of sugar, possibly through the absorption of septic products.

Whatever the cause of the gangrene is, the treatment that seems best is the removal of the diseased part, and that by amputation at a distance from the seat of disease, although local amputation has succeeded. The great advantage of operating at a distance from the affected part is that the tissues are healthy (so far as the general condition allows) and the stump can be kept strictly aseptic, which fact in these cases is more important than ever, as on the aseptic condition of the wound seems to depend in great degree the chance of escaping sloughing of the stump.

The recent papers of Spencer and Godlee in the 'Royal Med.-Chir. Transactions,' vols. lxxv and lxxvi, "On Amputation in Diabetic Gangrene," mark a distinct advance in surgical treatment.

My best thanks are due to Mr. Ballance, under whose care the patient was, for allowing me to publish the case.

Temperature.		Urine in 24 hours.	Sugar in 1 oz. of urine.	Total sugar in 24 hours in grains.	Urea percentage.	Sp. gr. of urine.	Date.
Minimum.	Maximum.						
97°	97·4°	—	—	—	—	—	Sept. 29th
97	99·2	56	10	560	—	—	" 30th
97·2	98·2	68	20	1360	—	—	Oct. 1st
97	97	70	20	1400	—	—	" 2nd
96·4	100·4	53	25	1325	—	—	" 3rd
95·4	98·4	43	20	860	1·4	—	" 4th
95·4	97·6	50	20	1000	1·6	1040	" 5th
96	97·2	51	10	510	1·4	1020	" 6th
96·2	97·2	46	18	828	1·6	1030	" 7th
96	97·6	61	18	1098	—	1030	" 8th
96·2	97·8	39	20	780	1·4	1032	" 9th
97	98	47	18	846	—	1034	" 10th
97	97	37	14	318	1·7	1036	" 11th
96·8	97	29	—	—	—	1034	" 12th
97	97·8	37	—	—	1·7	1024	" 13th
97·2	97·4	19	—	190	—	—	" 14th
96	—	25?	—	Trace	—	1018	" 15th
97	97·2	45	—	"	—	1014	" 16th
97	97·4	58	—	"	1	1012	" 17th
97·2	97·8	39	—	234	1·2	1020	" 18th
97	98·6	44	—	60	1·1	1028	" 19th
97·2	97·4	43	—	Trace	1	1016	" 20th
97·6	97·6	31	—	Nil, sugar disappeared entirely	—	1016	" 21st

# THE REMOVAL OF THE UTERINE APPENDAGES FOR UTERINE MYOMA, WITH AN ACCOUNT OF TWENTY CASES.

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BY CHARLES J. CULLINGWORTH, M.D.

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CONSIDERING that it is now twenty-two years since this operation was introduced, singularly few operators have published their results, either in sufficient number or in sufficient detail, to furnish the material necessary for a proper estimate of the true place of the operation in the surgery of uterine myomata. With the exception of Mr. Lawson Tait and Mr. Doran no operator in this country has, so far as I am aware, published a complete series of his cases; and although Mr. Tait's list<sup>1</sup> is an important one, it omits many details a knowledge of which is necessary before we can determine what cases are suitable for the operation and what are not. Mr. Doran's cases are reported in greater detail,<sup>2</sup> but the series unfortunately only extends to six. Still, as a sample of the *kind* of report that is needed, his paper is of considerable and permanent value. The reasons for this dearth of important contributions to the subject are probably not far to seek. In the first place, the

<sup>1</sup> 'Brit. Med. Journ.,' vol. ii, 1885, pp. 287—292.

<sup>2</sup> Ibid., June 9th, 1894, p. 1233.

operation resembles operations for the removal of cancer, in that the immediate results are of much less importance than the remote results. We want to know not so much whether the patient survived the operation, though that of course is important, as whether the object of the operation was attained,—in other words, whether the relief to the patient was complete and permanent. In order to afford this information, the report of a case must contain a detailed statement of the patient's condition when a considerable time has elapsed after the operation. The preparation of such reports involves great labour, and, in the case of hospital patients especially, is beset with difficulties that are often insurmountable. Then, again, the operation, though capable of affording immediate relief to the more pressing symptoms, is after all palliative rather than curative. It lacks the entire satisfactoriness of a successful hysterectomy. The patient awakes from her anæsthesia and finds her tumour still present, as large as before. However fully she has been made to realise this beforehand, the difference, in the mental effect upon the patient, of finding the tumour gone and of finding it still there is very noticeable, and this difference reflects itself on the operator. When a patient's satisfaction is only of a moderate kind, the operator, being but human, is apt to be less proud of his performance and less disposed to place it on record. Besides, the relief to symptoms even is not always immediate. Months may elapse before it is very marked. On the other hand, it happens in some cases that although relief quickly follows the operation, it is not maintained; troublesome symptoms return. All these considerations have a tendency to check enthusiasm and diminish incentives to publicity.

The twenty cases here recorded are now published for the first time, and represent the whole of my personal experience of the operation. In drawing up the accompanying table I have taken as a model the admirable table of Wiedow, whose paper,<sup>1</sup> embodying the results in sixty-six cases, is the most important contribution to the subject that has yet appeared.

<sup>1</sup> Wiedow (W.), "Die definitiven Resultate der Castration bei Uterusfibrom,"  
• Beiträge z. Geburtshülfe und Gynäkologie, Stuttgart, 1889.



For preparing the abstracts of the cases I am indebted to my friend and former pupil Dr. R. Ackerley, whose valuable and willing help in this matter it gives me much pleasure gratefully to acknowledge.

CASE 1.—E. J—, æt. 40, single, had suffered from excessive hæmorrhage due to a large fibro-myoma. After prolonged medicinal treatment as an out-patient she was admitted into St. Mary's Hospital, Manchester, in a condition of extreme anæmia, on February 6th, 1886. Abdominal section was performed ; both ovaries and tubes were removed. The ovaries were cystic. Recovery was uneventful. For some months after the operation there was very slight continuous uterine hæmorrhage, but no flooding. Ten months later the tumour was found to be much diminished in size, and the general health of the patient was very greatly improved.

CASE 2.—M. M—, æt. 44, married, was admitted into St. Thomas's Hospital September 10th, 1889. She began to menstruate at the age of sixteen, and was married at twenty. She had had five children, the youngest being then six years old. She had had no miscarriages. At her last confinement a portion of the placenta was retained, and had to be removed manually. There was much hæmorrhage, and the patient had never been well since. Menstruation had been normal until eight months previously ; since then it had been profuse and accompanied by clots. There had been no continuous hæmorrhage. Six months before she had suffered from bearing-down pain, and from retention of urine, for which the catheter was required two or three times. The abdomen had been swollen for eight or nine months. Patient was excessively anæmic, and had suffered much from constipation and occasional sickness.

On examination the abdomen was found to be distended from the umbilicus downwards by a large tumour, smooth, regular, soft, and highly elastic, but non-fluctuating, situated centrally, moveable, and non-adherent to skin.

The upper limit of the tumour was  $1\frac{1}{2}$  inches below the umbilicus. Dulness extended from the pubes to 2 inches below the umbilicus, and transversely to the extent of 6 inches.



A uterine souffle was heard in the mid-line just below the umbilicus. The uterine sound passed  $5\frac{1}{2}$  inches, the point being felt 4 inches above the pubes. The os was patulous and softer than normal. On September 27th there was less discharge, but the outline of the tumour could be felt above the umbilicus. On October 3rd abdominal section was performed. Some ascitic fluid escaped. Both ovaries and both tubes were removed. The left ovary was slightly enlarged and cystic; the left tube was normal. The right ovary and tube were not easily reached, as they were situated in Douglas's pouch, to the bottom of which they were fixed by firm bands of adhesion. The uterine tumour was nowhere adherent. Douglas's pouch was cleansed by means of sponges passed behind the tumour, but no douche was used, and the abdominal wound was closed without drainage.

The patient made an uninterrupted recovery. The hæmorrhage which was present at the time of the operation gradually diminished, and ceased October 9th, but recommenced slightly October 17th. She was discharged well October 27th.

February 21st, 1894.—An attempt was made to discover the subsequent history of the patient, but she had left her former residence, and her local medical adviser did not know where she had gone to.

CASE 3.—H. M—, æt. 41, single (a primipara), by occupation a cook, was admitted into St. Thomas's Hospital December 7th, 1889. She began to menstruate at fourteen. When seventeen she became pregnant, had a child at full term, made a good recovery, and has since been regular every four weeks. The flow was preceded and accompanied by pain and nausea, and lasted six days. In April, 1887, she first noticed a lump in the abdomen on the right side. In June, 1887, Dr. Gervis diagnosed this to be a subperitoneal fibroid, and recommended non-interference. Since October, 1888, the tumour had evidently increased much in size, and had caused occasional attacks of pain shooting down the right thigh. Otherwise her health had been good. Five days before admission a period came on seven days before it was due. The flow was not copious, but was accompanied from the first by pain of a bearing-down character, and later by severe

pain in the lower part of the back. She also had some sickness, and was obliged to go to bed two days before admission.

On palpation of the abdomen, which was not enlarged, a hard, moveable, nodulated tumour could be felt in the right iliac region. On vaginal examination, behind the uterus, and attached by a pedicle or adhesion to its posterior aspect, could be felt the lower end of the tumour, depressing Douglas's pouch. The uterus lay to the right and in front; it was normal in length, freely moveable, and not directly affected by movements of the tumour. The tumour was hard and nodulated, and its upper part, which reached to a level of about 2 inches below the umbilicus, was freely moveable from side to side, but not upwards. It was not tender. On December 12th, 1889, abdominal section was performed with an incision of 3 inches. The tumour proved to be a kidney-shaped subperitoneal fibroid, attached by a pedicle in the middle of its concave border to the middle of the posterior uterine wall. There were three or four subperitoneal fibroids like large peas without distinct pedicles, and there was a large, roughly cylindrical, nodulated outgrowth at the upper and right side of the uterus, with a broad uterine connection or pedicle, and a number of yellowish nodules on its upper surface. The only tumour removed was the large pedunculated one, which was easily enucleated from the uterine wall, as there was no direct communication between the tumour and the uterus. The tumour moved upon the uterus as by a ball-and-socket joint. It weighed  $6\frac{1}{2}$  oz., and measured 4 inches by  $2\frac{3}{4}$  inches, and  $2\frac{1}{4}$  inches in thickness.

After enucleation the edges of the peritoneum and capsule bled freely, but the bleeding was controlled by stitching the edges together with fine silk sutures. The tubes and ovaries, which were normal, were then removed in the usual way. The peritoneum was sponged out, and the abdomen was closed without drainage. The patient had some sickness during the first four days after the operation, but otherwise did well, and was discharged January 10th, 1890. On December 18th, 1890, patient was well; menstruation had occurred every three months, with some pain at the first two periods, but none

since ; no intermenstrual pain since the operation. In 1891 she menstruated only twice, in June and October ; the latter period lasted five days, but the former was so slight as not to require the use of a napkin. On March 2nd, 1894, I found her in excellent health and quite free from pelvic pain. Menstruation had not occurred since 1891. No tumour could be discovered on bimanual examination.

*Remarks.*—The main tumour in this case, considered in reference to size, was the pedunculated subperitoneal myoma. But though it was evident, immediately on opening the abdomen, that this tumour was so loosely attached to the uterus that it could be easily removed, it was equally evident that it could not be the cause of the symptoms, and that therefore its removal, however desirable in itself, would not fulfil the chief object of the operation. The removal of the uterine appendages was therefore proceeded with in order to ensure the gradual diminution of the interstitial tumours, and so relieve the dysmenorrhœa. The after history shows that these results were attained.

The mode of connection between the pedunculated tumour and the uterus was very interesting. In the pedicle there was a solution of continuity in the myomatous tissue, one part of the stalk being continuous with the tumour, and one part with the muscular tissue of the uterus. Each part ended in a smooth convex surface, the two portions being in immediate contact with, and freely moveable upon, each other. The unusual mobility of the tumour was thus fully accounted for. Its removal was of course singularly easy.

CASE 4.—J. R.—, æt. 31, single, an artist, was admitted into St. Thomas's Hospital May 5th, 1890. She had been severely burned at the age of five. Immediately afterwards she had a discharge of blood from the vagina, and she had menstruated regularly ever since. The periods had been profuse, especially on the second day, and had lasted a week. If the flow happened to be scanty she suffered much pain. She had noticed a lump in the abdomen for six or seven years, but had not paid much attention to it until a few months before admission, when it was obviously growing rapidly, and was pressing upon the rectum. At the time of

admission she was incapacitated for work, as she could not sit long without great discomfort. She was a woman of stunted stature, short limbs, dark hair and eyes, with thick utterance as though from large tonsils. Examination of the abdomen showed it to be prominent over the whole of the lower part, especially on the left side. Palpation revealed a very hard, smooth tumour, centrally situated, reaching from the pubes to a point one and three quarter inches above the umbilicus. It was slightly moveable from side to side, dull on percussion, and yielded no thrill or fluctuation. Pulsation of the aorta was transmitted through the tumour. On vaginal examination it was found that the os uteri was three inches from the vaginal orifice, pushed far back and directed downwards. The cervix was fixed. The tumour could be felt through the anterior and lateral fornices as an immoveable mass. The sound passed first to the left, then backwards, and finally forwards to a length of seven and a half inches. On May 8th abdominal section was performed. Both ovaries and tubes were transfixed, tied, and removed. The left ovary was easily reached, but the appendages on the right side were deeply situated behind and to the right of the tumour, and there was some difficulty in reaching them. No douche or drainage was used, and the abdominal wound was closed in the usual way. Some vaginal hæmorrhage, dark in colour, began the day after the operation. Three weeks later she left the hospital, having made a good recovery. A very slight vaginal discharge was still present. She reported herself on June 27th, and again on October 24th, 1890. On both occasions she was in very good health; there was no discharge, and the tumour was smaller and more moveable.

February 23rd, 1894.—“Patient looks and feels in much better health than before the operation. She can walk a distance of three or four miles without fatigue, whereas before the operation she could not walk half a mile. She is able to follow her occupation without the least inconvenience. There is no discharge, monthly or otherwise. After leaving the hospital she had a hernia the size of a pigeon’s egg at the lower end of the incision after straining at stool. She wore a belt for a time, but has left it off for twelve months.



The protrusion remains, but causes no pain or inconvenience ; it disappears at night. The patient herself is unconscious of there being anything left of the uterine tumour. There is, however, to be felt on deep palpation a lump, globular in shape, about  $2\frac{1}{2}$  inches in diameter, fixed and central."

*Remarks.*—In this case the relief aimed at by the operation was realised to the fullest extent. No more typical example could be adduced of the value of the proceeding in suitable cases. The patient's life had become a burden to her, and the prospect of having to give up her profession was making her very miserable. Within a very short time all her discomforts had disappeared, and she is now as happy and bright as possible, enjoying her work and feeling it no trouble.

CASE 5.—S. B—, æt. 38, single, was first seen May 3rd, 1890. She began to menstruate at the age of fourteen, and the periods were regular and unaccompanied by pain. Recently, however, the periods had been more frequent and profuse, and she had had more discomfort. There had been no intermenstrual discharge. The bowels had been very irregular ; there had been no bladder trouble. For some time she had observed that her abdomen was somewhat prominent, but the enlargement was not sufficient to attract the notice of her dressmaker. The existence of a tumour was first discovered on May 2nd by Dr. Maguire, whom she had consulted from time to time about her general health.

On examination the abdomen was found to be very prominent, and on palpation there could be felt a firm, highly elastic, smooth, uniform tumour, rising from behind the pubes in the centre of the abdomen to the level of a line  $3\frac{1}{2}$  inches above the umbilicus, and moveable from side to side. *Per vaginam* the cervix was found to be normal, and there was no encroachment upon the vagina. The sound passed  $5\frac{1}{2}$  inches into the centre of the tumour.

On May 31st, 1890, she was seen again. The tumour was then found to rise to a point four inches above the umbilicus.

On July 18th, 1890, it was found that the tumour was growing larger ; it reached half an inch higher, and the abdomen altogether was larger than in May ; it was therefore decided



that after the holidays were over the appendages should be removed.

On September 6th abdominal section was performed in St. Thomas's Home. Both ovaries and tubes were removed. On the left side the tube and ovary, which were situated high up, were ligatured and removed separately, to avoid the greatly distended veins in the broad ligament. The right ovary and tube, which were situated low down in front of the uterus, were secured by a double ligature and removed together. The abdomen was closed without using douche or drainage.

She made a good recovery from the operation, except that she suffered considerably from pain in her legs and back, and was suffering from this pain when she left the Home on September 25th.

On February 5th, 1891, rather more than four months after her operation, she wrote to say that two days previously a slight hæmorrhagic discharge had come on, for the first time since her operation. She had been able to resume her work a week before writing.

On October 17th, 1891, she was seen again. Since February she had been unwell every two months, and had lost as much as she did before the operation. She had not recovered strength, and did not feel able to do as much as formerly. She had increased in size, and noticed that she was bigger just before the commencement of a period.

In January, 1892, it was found that she had not been unwell since October, except for a very slight discharge in December. The patient was sure the tumour was smaller, but backache and general discomfort remained as before.

September 30th, 1893.—The patient had only been unwell once, more than a year ago, since January, 1892. The tumour, though it still varied in size, was smaller, but the patient complained still of severe backache and of fulness in the head and flushing. There was some tendency to hernia, and a belt was ordered.

December 9th, 1893.—No further menstruation had occurred. Patient looked very well, but complained of backache.

*Remarks.*—The result of the operation in this case was

disappointing, partly, perhaps, owing to the large size of the tumour, and partly to the highly neurotic constitution of the patient. The local discomforts have been but little relieved, and, with regard to the effect upon the tumour, repeated measurements made at varying intervals after the operation showed that although during the first few months its size diminished, a subsequent enlargement took place, so that at one time the measurements were precisely the same as before the operation. For the last two years the size has again been slowly diminishing. On the whole I am inclined to think that abdominal hysterectomy would, in this case, have been the better treatment.

CASE 6.—L. W—, æt. 34, single, a National school-mistress, was admitted into St. Thomas's Hospital September 22nd, 1890. She began to menstruate at the age of thirteen, and the periods had been regular and moderate until three years previously. She had suffered pain on the day preceding the period and on the first days of the flow. She had noticed an abdominal swelling three years before, but no examination had been made until June, 1890, when a doctor found she had a tumour. Since October, 1887, when she fell down a short flight of stairs, the periods had gradually become more profuse; and in the spring of 1889 she lost so much during the first three days of a period that she had to give up her work and go to bed. Giving up her work involved closing the school and sending the children home. The dysmenorrhœa had increased, and had become very severe for the first three days. She was pale but not emaciated.

On examination the abdomen was found to be distended over the lower portion by a tumour reaching higher on the right side than on the left, but otherwise centrally situated. The swelling was smooth and uniform, no nodules or lobes were felt. In the middle line dulness on percussion extended one inch above the umbilicus, and on the right side one inch higher. At the level of the umbilicus dulness extended transversely five inches and a half to the right and two inches to the left. The uterine souffle could be heard on both sides, but most clearly at a point five inches above

the level of the pubes, and three inches and a half to the left of the middle line.

On vaginal examination the tumour could be felt through the anterior vaginal wall, and a sound passed into the bladder showed that that viscus lay behind the tumour.

On September 25th abdominal section was performed. Both ovaries and tubes were removed. The left ovary was bound down by a band of adhesion which had to be separated. The right appendages lay posteriorly, and were difficult to get at. No douche or drainage was used, and the abdomen was closed in the usual way. The appendages were normal.

After the operation the patient had a good deal of pain, and had rather more hæmorrhagic discharge than before. On October 3rd she complained of pain in her right leg, and the next day there was tenderness over the external saphenous vein on that side. The temperature, which had been about  $100^{\circ}$  in the evenings, rose to  $101.2^{\circ}$ . After this she gradually improved. The temperature fell and the hæmorrhage became less, and on October 22nd she left the hospital fairly well. She attended at the hospital on November 21st, and was then in very good health. There was constant metrostaxis, very slight in quantity.

In September, 1891, she was seen again. She was looking stout and well. She had not lost a single day's work since the operation, and had not suffered in any way. There was still slight continuous metrostaxis, which increased at the monthly periods. Five months later she was found to be much the same. In April, 1893, she attended at the hospital. It was then found that she had had no hæmorrhage at all for three months; the tumour was smaller, and she was in excellent health. There was some mucous discharge, but not sufficient to prove inconvenient.

April 13th, 1894.—After her last visit to the hospital the patient had no discharge until September, 1893, when she had a hæmorrhagic discharge which lasted until November. The amount lost was generally slight, but on several days it was profuse. During these three months she suffered pain similar to the pain she had before the operation. Since

November there had been no discharge. Her health was very good, and she was able to do anything she wanted to do. Her only trouble was constipation, but there was no pain on defæcation. The tumour had become smaller, especially during the last year. Its upper limit was now 2 inches below the umbilicus, and the greatest transverse measurement was  $5\frac{1}{2}$  inches. There was slight bulging at the upper extremity of the abdominal wound.

*Remarks.*—The operation in this case has proved completely successful. There was constant though slight metrostaxis, with increased flow at the monthly period, for two and a quarter years. Then there was amenorrhœa for eight months, followed by a varying amount of hæmorrhage extending over a period of two months, since the end of which time, now eight months ago, the hæmorrhage has not recurred. The patient has lost all her discomfort, and is in excellent health. As stated in the notes, she has not lost a day's work since the operation.

CASE 7.—H. H—, æt. 37, married, was admitted into St. Thomas's Hospital November 20th, 1890.

She began to menstruate at the age of twelve, and was regular at intervals of twenty-eight days up to the date of her marriage. The periods lasted seven days; there was pain on the first day. She had been married three years, and had had one child at full term in June, 1888. She had had no miscarriage. The periods had been more frequent and profuse since marriage, and especially since the birth of the child. There had been severe hæmorrhage between the birth of the child and the delivery of the placenta, which had to be removed manually. About a year ago she had retention of urine, for which the catheter was required. This difficulty recurred several times in the succeeding months. About six weeks before admission her doctor discovered a tumour.

The patient was a bright, intelligent woman, extremely anæmic.

On examination, the abdomen was found to be rendered slightly prominent by a soft, elastic, solid tumour, rising  $3\frac{1}{4}$  inches above the symphysis pubis, and occupying the whole



breadth of the lower part of the abdomen. On vaginal examination the cervix was found in the middle line close behind the symphysis pubis. The sound passed 3 inches, the point being felt externally  $1\frac{1}{2}$  inches above the middle of Poupart's ligament on the right side. The whole of the pelvis was occupied by a smooth, elastic, soft, solid tumour, bulging into the posterior fornix and pressing on the rectum.

On December 1st the operation of removal of the uterine appendages was performed. The tumour, having been exposed by an incision three inches in length, was found to be a uterine myoma, without adhesions, accurately filling the cavity of the true pelvis. Both ovaries and both Fallopian tubes were removed. There were no adhesions, and the ovaries, except for a few small cysts, were healthy. There were large varicose veins in both broad ligaments. The operation offered no special difficulty; a little oozing from the left stump was arrested by a second ligature. No douche or drainage was used.

There was a good deal of pain after the operation.

The patient made a good recovery, the pain gradually subsiding. A little hæmorrhagic discharge came on the day after the operation, but it was never considerable. She left the hospital on December 31st well, but still extremely anæmic. At Christmas, 1893, she reported herself as being extremely well, and as having regained her colour. On March 12th, 1894, she wrote saying that she had had no discharge since the summer of 1893, that her abdomen was getting smaller, and that her general health was excellent.

*Remarks.*—This was a typically suitable case for this operation; the hæmorrhage had been so profuse as to bring about an extreme and alarming degree of anæmia, and the tumour, being chiefly intra-pelvic, was producing pressure symptoms, and would have been difficult to remove by hysterectomy. The result of the operation has been quite satisfactory, though menstruation did not finally cease for two and a half years.

CASE 8.—R. J—, æt. 32, single, a parlourmaid, was admitted into St. Thomas's Hospital January 27th, 1891.

She began to menstruate at the age of sixteen, and was



regular every four weeks. The periods lasted four or five days, and were always profuse. Ten years before admission she fell downstairs; after this she had vaginal hæmorrhage for about ten days with pain, and had to remain in bed for about a week. For the last twelve months the periods had been more profuse than formerly. She noticed a swelling in the lower part of the abdomen about one year ago; this first appeared on the left side. She suffered a good deal of pain, especially on the right side. On examination the abdomen was found to be rendered prominent by two separate masses, that on the right side being less prominent, but extending higher than that on the left. On palpation in each iliac region there could be felt a distinct, firm, globular, solid, and moveable mass. The one on the right side, rising high out of the pelvis, measured three inches transversely and four inches vertically; its upper border was five inches above the symphysis pubis, and its outer border was five inches from the middle line. The mass on the left side extended outwards nearly to the anterior superior iliac spine, and had a vertical axis of  $2\frac{3}{4}$  inches. Both these masses were continuous with an irregular mass which rose  $4\frac{3}{4}$  inches above the symphysis pubis. This mass was everywhere dull on percussion, the left iliac region being universally dull, and the right on its inner half. On vaginal examination a large mass could be felt on the right posteriorly, pushing the cervix over to the left. The sound could be passed with much difficulty  $4\frac{1}{2}$  inches.

On February 5th the uterine appendages were removed. The uterine tumour, though moveable, could not be lifted out of the pelvis. Both ovaries and tubes were removed. The left appendages were found behind the mass growing from the left cornu; they were so difficult to reach and bring into view that the ligature had to be applied close below the ovarian tissue, and a portion of the ovary was left in the pedicle on the distal side of the ligature. The right appendages were lying in front of the mass growing from the right cornu of the uterus, and were more easily secured. No douche or drainage was used. There was a good deal of pain and vomiting for the first forty-eight hours after the operation, but otherwise she did well. The temperature never rose above  $100^{\circ}$ . She made a good recovery, and left

the hospital on March 6th. On April 24th she was found to be very well; she had menstruated twice since leaving the hospital. On August 4th she was very well. She had no pain, but soon got tired if she exerted herself. Menstruation was regular. The tumour was found on bimanual examination to be decidedly smaller.

January 26th, 1892.—Was very well, menstruation regular. There was a small hernia at the lower end of the abdominal cicatrix.

March, 1894.—Paroxysmal pains in the abdomen and down her right leg. The pain was very severe, and occurred at intervals every day.

May 21st, 1894.—Feeling considerably better since last note. The last two periods have been moderate in quantity and duration, and less painful. Her work has been lightened, and she can now do it comfortably. There is sometimes a pain in the right iliac region after much walking.

There is a very slight hernia at lower angle of incision.

The only lump to be felt from the abdomen is a very moveable one in the right iliac fossa. It is of a size about equal to that of a duck's egg. Its upper limit is a finger's breadth below the level of the umbilicus, and its lower is on a level with the anterior superior spine of the ilium. No tumour can be felt on the left side. No vaginal examination made.

*Remarks.*—Menstruation has not yet been arrested in this case, although more than three years have elapsed since the operation, but the tumours have become much diminished in size, and the symptoms have gradually subsided. The beneficial effects of the operation have been somewhat long in showing themselves, and even yet are not so marked as one could wish. The patient is still unable to do her full work without fatigue, and her present condition of comfort is partly due to the consideration shown her by her employers.

CASE 9.—J. B—, æt. 44, single, a governess, was admitted into the Harley Street Establishment for Invalid Gentlewomen January 26th, 1891. She began to menstruate at the age of sixteen. From the first she suffered much pain, and had to go to bed for a few hours or longer. The periods

recurred every four weeks, and lasted three or four days. About ten years previously the periods began to be more profuse and to recur at shorter intervals, and the pain became more severe. Eight years ago, when she was abroad, a small growth was removed from the neck of the womb. After this her symptoms were relieved until four years ago, when she began to feel very ill; the pain become more severe than before, and the flow was more profuse. In April, 1888, she was in a provincial hospital, where she was operated on for removal of the ovaries, but only one ovary was removed. Up to that time she had not been aware that she had any tumour of the womb. After the operation she was better for six months, then the pain and loss became much more severe, and the tumour was evidently growing rapidly. She was quite unable to follow her occupation. The periods lasted ten days, with excessive paroxysmal pain for the first two days. Between the periods there was a continuous white discharge.

On examination the lower part of the abdomen was found to be occupied by a soft, elastic, solid tumour, causing decided prominence of the abdomen, rising nine inches and three quarters above the symphysis pubis (two inches above the umbilicus), and measuring seven inches in its greatest width. Vaginal examination showed that the tumour did not encroach upon the vagina. The sound passed four inches. Some cervical mucous polypi were found.

On February 9th abdominal section was performed for the purpose of removing the remaining ovary. The left ovary and tube were found lying deeply down on the left side, and were brought into view, ligatured, and removed. No trace of the right appendages could be seen. The right side of the tumour was adherent by strong bands to the anterior abdominal wall. A small pedunculated subperitoneal fibroid, situated just below the old abdominal cicatrix, was enucleated and removed. The edges of the capsule were brought together with fine silk sutures. The abdominal wound was closed without douche or drainage.

Ten days after the operation, on March 11th, a vaginal discharge of blood came on, which late in the day and on the next day was very profuse. The patient had also a good

deal of pain, especially on the left side. The pain was relieved by injections of morphia, and a day later the discharge was less and continued to decrease. On the 16th the stitches were removed and the wound was healed. She continued to do well until February 25th, when her temperature went up to  $100.4^{\circ}$ , and on the 27th in the evening it reached  $102.6^{\circ}$ . On February 27th a large clot was passed *per vaginam*, and two days later a much larger clot partly decolorised was passed, and there was a good deal of hæmorrhage. On March 2nd an anæsthetic was given, and she was put in position for removing the mucous polypi. It was then observed that a small clot was hanging from the vulva. On passing up the finger this was found to occupy the whole of the vagina, the cervix, and part of the cavity of the body of the uterus. It was dark and offensive. The clot was removed. The cervix was sufficiently dilated to admit a finger; it was then found that the cavity of the uterus contained no polypus or further clot. The tumour could be felt bulging as a large smooth mass, and pushing the uterus towards the right. The mucous polypi were removed piecemeal by torsion.

Very little discharge followed this operation, and the patient was much relieved. She made a good recovery (having no further severe pain) but for a few days at the beginning of April, when she felt unwell, and the urine was found to contain blood. This symptom cleared up, and she left the Home on July 14th in good health, though the urine still contained a slight trace of albumen.

She was readmitted to the Home on October 17th, 1891. From May to the end of July she had had no coloured discharge. Then a slightly yellowish watery discharge came on, and lasted three weeks, when it increased in quantity, and ten days later a copious hæmorrhage lasting three days occurred. This was followed by relief to certain symptoms—pain on the left side, giddiness, and general malaise—which had lasted for some months. The watery discharge had recurred. The patient had not lost flesh. The tumour was very hard on the left side, and on that side the inguinal glands were enlarged and tender.

January 13th, 1894.—The patient wrote saying that she



was much better and stronger, and that she thought she would soon be quite well. A sinus in the left groin, which had been open for more than a year, still gave trouble. It had been scraped and poulticed.

On February 8th, 1894, she wrote to say the wound was healing. A small knot of thread had come away, and since then she had been much better. She was able to go to church and to do things she had not done for some years, but she was still an invalid.

On July 4th, 1894, in answer to a letter of inquiry, she wrote as follows:—"I think the tumour is a *little* smaller, and not quite so hard. Menstruation has not ceased. The attacks are not quite so frequent, but the loss at those times is very great, lasting generally from six weeks to two months. I suffer but little pain during the time, but before it comes on have great pain in my back and limbs. I am always kept to the sofa, and some part of the time in bed, as it increases the loss to move. The tumour always seems much smaller after it, but the weakness is terrible. . . . I cannot walk much, I always feel giddy, as if I might fall. . . . You must not think because I tell you all this I want to complain, or think I am not better, for it is a comfort to have so much less pain, and I do really think I am better in many ways."

*Remarks.*—The letter above quoted shows the result of the operation in this case to have been, if not a complete failure, very nearly so.

CASE 10.—H. P—, æt. 26, married, was admitted into St. Thomas's Hospital March 24th, 1891. She had begun to menstruate at the age of seventeen, and had always been regular, at intervals of twenty-eight days, up to the time of her marriage, seven years previously. She had never been pregnant. Since her marriage her periods had been more profuse, but she had had no intermenstrual hæmorrhage. Had noticed a lump two years before admission; it had been growing larger, and one or two other lumps had appeared. She had had no pain, but had increased frequency of micturition.

On examination no visible alteration of the abdomen was discovered. On palpation a lump could be felt in the right iliac region. It was about the size of a small orange, move-



able, smooth, hard, and solid. Close to it was a second smaller tumour. In the middle of the lower part of the abdomen, and extending towards the left side, an indistinct, deeply seated, solid mass could be felt. There was no dulness on percussion. The upper border of the tumour was  $5\frac{1}{2}$  inches above the symphysis pubis.

On vaginal examination it was found that the lumps on the right side moved with and slightly upon the uterus, as though connected to it by little more than capsule. The left fornix was obliterated by a large hard swelling, continuous with that felt in the lower part of the left side of the abdomen. The cervix was completely fixed by the tumour. The sound passed  $4\frac{3}{4}$  inches.

On April 9th the operation for removal of the appendages was performed. An incision of  $3\frac{1}{2}$  inches was required. Both ovaries and both tubes were removed. The left appendages were easily found. The right appendages were removed with difficulty, owing to being situated deeply in the pelvis behind the subperitoneal tumour, which had to be drawn up to allow of the necessary manipulations. They were also held by deeply seated adhesions. During the search for the right appendages the patient suddenly ceased breathing, and the operation had to be temporarily suspended. The tubes and ovaries were normal. The large pedunculated myoma, measuring  $3\frac{3}{4}$  inches by  $2\frac{1}{2}$  inches, was then removed. It was quite smooth and non-adherent, and had a short pedicle the size of a man's thumb. The capsule was divided three quarters of an inch all round above the pedicle, and was stripped off down to the pedicle, which was then divided. The edges the capsule were united by fine silk ligatures, which at once controlled the little bleeding that was going on.

Beneath the peritoneum covering the lateral wall of the pelvis a hard, moveable mass,  $1\frac{1}{2}$  inches wide and  $1\frac{1}{2}$  inches long, was felt. It could not be brought into view, but was thought to be a small myoma which had undergone calcareous degeneration. The pelvis was sponged out, and the abdominal wound closed. She made a good recovery, which was delayed only by an attack of acute lobar pneumonia.

April 16th, 1894.—The patient, who had left her former home, and was traced only after several inquiries, wrote to

say that she felt very much better since the operation. She had menstruated only twice in two years; she did not feel the lumps at all. She had cramps in the left leg, and suffered frequently from "hot flushes." She also mentioned that she occasionally had a pain in her right side, which she attributed to having to go up and down stairs frequently.

*Remarks.*—As in Case 3, the operation here included the removal of a pedunculated subperitoneal myomâ. The result of the entire operation has been quite successful in causing a diminution in the size of the interstitial tumours, and in restoring the patient to a life of comfort and usefulness. The hæmorrhage appears to have practically ceased at the end of the first year.

CASE 11.—D. L. M—, æt. 34, married, first consulted me on February 4th, 1891, on account of a large single myoma of the uterus, reaching to the umbilicus. She had had increasingly profuse hæmorrhage at the menstrual periods, accompanied by severe pain, necessitating confinement to bed for several days every month. The tumour encroached very little, if at all, on the vagina. About five months previously she had had some alarming symptoms after an attack of menorrhagia—chiefly a tendency to syncope and hysteria with loss of speech. This was considered by the medical men who saw her to be due to cerebral anæmia. The patient was a tall, well-built, healthy-looking woman, anæmic from the menorrhagia. She had been married many years, but had never been pregnant. I advised removal of the uterine appendages, which was agreed to, but postponed for three months for domestic reasons.

The operation was performed May 3rd, 1891, with the assistance of Mr. Ewart, of Eastbourne, in a private Nursing Home. The abdominal wall was very thick from deposit of fat. Both ovaries and both Fallopian tubes were removed. The left appendages were situated laterally, and were easily reached; the right appendages were deeply situated in the pelvis, but were easily removed. They were healthy and non-adherent. No drainage was used, and the abdominal wound was closed in the usual way.

From the first the patient did badly. There was no rise

of temperature, but the patient suffered from flatulent distension, pain, sickness, and other symptoms indicating some intestinal obstruction, as well as from more or less hæmorrhage. The flatulence was relieved to some extent by frequent enemata. She was seen in consultation by Mr. Pitts and Dr. Sharkey, but in spite of all efforts to relieve her she gradually sank, and died on May 13th, ten days after operation.

The question of reopening the abdomen was fully and repeatedly discussed, but for a time the vomiting ceased, and it was hoped the bowel had rectified itself. When the alarming symptoms returned, and proved the mischief still existent, the patient was not in a condition to bear an operation. No post-mortem examination was made.

*Remarks.*—The operation in this case was so easy and satisfactory that I was quite unprepared for the disaster which followed. I can only account for the persistent vomiting by supposing that during the rotation of the tumour, which was rendered necessary in order to reach the appendages, a loop of small intestine must have slipped down behind it, and become nipped between the tumour and the back of the pelvis. As there was no autopsy, it remains uncertain whether death was due to some such cause as I have suggested or to peritonitis. It would probably have been better in this case to perform the more radical operation of abdominal hysterectomy, though I much doubt whether the patient and her friends would have consented to this.

CASE 12.—M. C—, æt. 46, married, was admitted into St. Thomas's Home July 9th, 1891.

She began to menstruate at the age of fifteen. The periods were always profuse, and latterly had been more frequent and excessive. She had been married for twenty-three years, and had lived for twenty years in South America. She had had one miscarriage two years after marriage, and had not been pregnant since. She had not felt well for ten years, and four years ago a swelling had been noticed. She was decidedly anæmic.

On examination the abdomen was found to be rendered prominent by a rounded, soft, elastic, solid, symmetrical

tumour, centrally situated, rising from the pubes to the umbilicus. The cervix uteri was high up, but normal. The sound passed behind the main mass to a distance of  $6\frac{1}{4}$  inches.

On July 11th the abdomen was opened with a view to the removal of the uterine appendages. Both sets of appendages were found to be displaced and adherent. The right ovary and tube were secured as far as possible, but no proper pedicle was obtainable, as the tumour had separated the layers of the broad ligament and the mesosalpinx. A portion of the ovary was left on the distal side of the ligature. On the left side there was a hydrosalpinx, which was punctured to make sure it was not intestine, which it much resembled. The left ovary was behind the uterus and adherent to it. It was only just within touch, and as it could have been removed only after much tearing, which in the extremely vascular condition of the parts was not considered justifiable, as the site of hæmorrhage would have been out of sight and control, it was decided merely to ligature the tube near the uterus and leave it.

There was some oozing, and a drainage-tube (which was removed next morning) was inserted.

Two days after the operation there was slight metrostaxis, which continued for eight days. She made a good recovery from the operation; her general condition was much improved, and she became less anæmic. She left the Home on August 7th.

For a fortnight previously there had been some œdema of the left thigh and foot. On September 18th she was seen again. After leaving the Home she had been unwell, and had had much pain. Eighteen days later another period, also accompanied with pain, came on. Otherwise she was better, and was getting stronger and stouter. After walking there was swelling of the left leg from the thigh downwards. The tumour was not larger; indeed, as evidenced by the patient's dress, it was smaller. The patient went abroad, and has been lost sight of.

*Remarks.*—The operation in this case was incomplete, it being found impracticable to remove the left appendages without grave risk. The ultimate effects of the partial operation are at present unknown.



CASE 13.—E. R—, æt. 40, married, was admitted into St. Thomas's Hospital February 17th, 1892. She began to menstruate at the age of fifteen, and (except for six months) had been regular at intervals of twenty-eight days until twelve years previously. For twelve years her periods, which had previously lasted seven days, became prolonged to fourteen or fifteen days, and the loss for the first week was excessive. Often there was considerable dysmenorrhœa. Sometimes the intervals were prolonged. She had been married for three years, but had never been pregnant. One year before admission patient had become very much depressed, and began to suffer from faintness, headache, and general malaise. Seven months before she had, for the first time, localised pain in the lower part of the abdomen, and when she was rubbing herself to relieve the pain she noticed a lump. This lump did not increase until one month before admission. In the previous August patient had suffered from retention of urine, and for a fortnight the catheter was required. This was succeeded by some incontinence during both day and night, which had lasted until recently. The patient was a florid-complexioned, dull, apathetic woman.

On examination the right iliac region was found to be rendered prominent. A distinct, solid, smooth, firm, and freely moveable tumour could be felt in the lower part of the abdomen, almost central in position, and reaching from the symphysis pubis to the umbilicus. This was dull on percussion over an area of  $5\frac{7}{8}$  inches vertically and  $6\frac{1}{2}$  inches transversely. Vaginal examination showed the anterior fornix to be obliterated, the posterior large and capacious. The sound passed  $5\frac{3}{4}$  inches in a direction first upwards and to the right, then to the left. The convexity of the canal was towards the right.

On March 10th the operation for the removal of the uterine appendages was performed. The uterus was found to be rotated on its long axis, with the left lateral aspect looking directly forwards. The left appendages were therefore easily found. The right appendages lay above and to the extreme right, and were severed without difficulty. There were no adhesions. Both ovaries and both tubes were removed. The abdomen was closed without douche or drainage.



The patient went on very well until the 17th, when she complained of some pain in the abdomen, and of dull aching and numbness in both legs. There was some œdema of the shins and ankles. The catheter was required. These symptoms were accompanied and preceded by a rise in temperature, which gradually subsided, though for several days micturition was painful, and the urine contained a small quantity of albumen. She was discharged in good health on April 13th.

On August 19th she was looking well and cheerful. There were still a little aching and some occasional numbness in the right leg and thigh. She had not menstruated since the operation.

On November 18th she was very well ; menstruation had not come on. The condition of the leg remained the same, but she had no other trouble.

February 21st, 1894.—In answer to an inquiry, her local medical attendant wrote, “ Her health has improved since the operation, except for some wheezing in cold weather, and some tendency to adipose deposit. Complete cessation of catamenia from time of leaving the hospital, and no uterine hæmorrhage. I cannot feel any tumour through the abdominal wall.”

*Remarks.*—In this case menstruation, and with it all uterine hæmorrhage, ceased from the date of operation. There were symptoms pointing to thrombosis of the iliac veins a week after the operation, but these gradually subsided. The patient was seen five months after the operation, and again eight months after ; she was then quite well except for some aching and numbness in the right leg and thigh. The report as to her condition a year and eleven months after the operation is completely satisfactory.

CASE 14.—M. B—, æt. 33, single, a cook, was admitted into St. Thomas's Hospital on April 27th, 1892. She began to menstruate at the age of twelve ; the periods recurred regularly, but the flow was profuse and accompanied by pain. The loss had been increasing and the pain had been more severe for the past three months. Six months previously a medical man had discovered a tumour while examining the

abdomen on account of obstinate constipation. It then transpired that for the past two and a half years she had been suffering from swelling of the left calf and ankle after standing or walking. She had been troubled with frequency of micturition both day and night. She complained of dull pain in the left iliac region, which occasionally passed down the inner aspect of the left leg. She was pale and rather thin. On examination the abdomen was found to be prominent in the left iliac region, and a tumour could be felt occupying the pelvis, chiefly on the left side, its upper limit reaching one inch above the umbilicus and seven inches above the pubes. It felt fairly hard and uneven, and was absolutely dull on percussion. The width of the dull area at its broadest part was  $7\frac{1}{2}$  inches.

Bimanual examination under an anæsthetic showed the os uteri to be low down, and the cervix pushed forwards against the symphysis. The vaginal roof posteriorly was depressed by a round solid mass above it. High up on the right side the right broad ligament could be felt put on the stretch in front of a rounded lump, which could be felt pressing the ligament forward. This lump was high up, and did not depress the vaginal roof. The main mass of the abdominal tumour (viz. that on the left side) conveyed an impulse directly to the cervix, but not to the mass behind it. Pressure on the mass on the right side was not transmitted to the cervix. On rectal examination the lowermost growth could be felt bulging into the rectum and flattening the bowel so as barely to allow the passage of the finger (thus doubtless accounting for the constipation). The mass was globular and about the size of a Tangerine orange, and was attached by a broad base to the uterus. This was the same mass that depressed the vaginal roof. The bladder was shown by the sound to lie in a sulcus to the right of the cervix, and between the cervix and the posterior lump. The uterine sound passed  $5\frac{1}{4}$  inches in the middle line.

On May 5th the operation for the removal of the uterine appendages was performed. Both ovaries and both tubes, which were healthy, were removed. There was great difficulty in securing the left appendages, as they were deeply seated and tightly adherent behind the main mass of the tumour, which

had separated and grown between the layers of the broad ligament. (The tumour itself was adherent and scarcely at all moveable.) The right appendages, though they lay in front and were easier to reach, could not be drawn into the line of incision, so that difficulty was experienced in ligaturing and removing them also. No douche or drainage was used.

On the two succeeding days the patient was in a good deal of pain. An enema on the later day gave much relief, affording exit to a good deal of flatus. Subsequently her progress was all that could be desired, and she left the hospital well on June 4th.

On February 24th, 1893, she was seen again. Since the operation menstruation had been regular and profuse until three months previously; since that date it had not recurred. The tumour was distinctly smaller, reaching only four inches above the pubes, and causing no prominence of the abdomen. Patient was very well and much stouter. She had married since the operation. On April 21st the patient was very well, and the tumour was smaller.

*Remarks.*—The result of the operation in this case has been extremely satisfactory. The general health has greatly improved, and the tumour has undergone marked diminution in size. Menstruation continued and remained profuse for six months after the operation, when it suddenly and finally ceased. The patient was heard of twelve months after the operation, and was then stout and well.

CASE 15.—E. K—, æt. 35, single, a cook, was admitted into St. Thomas's Hospital on June 2nd, 1892. She began to menstruate at the age of fourteen, and was regular every twenty-eight days, the periods lasting a week, and giving no trouble until two years ago, when she began to suffer much pain at the time, accompanied by swelling and pain in the left leg. In 1890 she was confined to bed from July to November, and was unable to work until February, 1891. After that she was fairly well until August, 1891, when she began to lose a good deal at her periods, which lasted longer than before—sometimes as long as three weeks. About that time the patient, who had been stout before, became much thinner except over the abdomen, which increased in

size. She lost her appetite and suffered much from nausea. During the six or seven months before admission she had had a heavy feeling in the abdomen, often amounting to pain, and latterly the pain had been much more severe and the monthly loss much greater. She was an anæmic woman. Both legs were œdematous, the left being the worse.

On inspection lineæ albicantes were seen over the left iliac region and the upper part of the left thigh. The lower two thirds of the abdomen were found to be occupied by a smooth, firm, elastic, rounded swelling, slightly moveable from side to side, and more prominent on the right than on the left side. Moveable structures like the ovary and tube could be felt on the right side when the tumour was pushed over to the left, and on the left side when pushed to the right. There was dulness over an area extending laterally to lines drawn vertically from the junction of the middle with the outer third of Poupart's ligament on each side, and upwards to a line two inches above the umbilicus. The upper border of the tumour was eleven inches above the symphysis pubis. On vaginal examination the cervix was found high up about the level of the top of the pubes. No part of the tumour could be felt in the pelvis. The sound passed  $7\frac{1}{2}$  inches. Any impulse imparted to the abdominal tumour was transmitted directly to the cervix. Two separate small lumps could be felt on the right side of the main mass.

On June 15th abdominal section was performed. Both ovaries and both tubes were removed. No difficulty was experienced in removing them. The left tube and ovary were healthy. The right ovary was cystic, and measured 4 inches by  $2\frac{3}{4}$  inches. The uterus was generally enlarged. There were no adhesions except a few long bands between it and the left ovary. No douche or deep sponging was used, and the abdomen was closed without drainage.

On the evening of the 17th, and again on the 18th and 19th there was occasional vomiting with intestinal distension, which was only partially relieved by much medicine and many enemata. Most relief was afforded by propping the patient up, when the stomach was relieved by expulsion of flatus.

During the evening of the 19th the senior obstetric house



physician reported her to be extremely ill, her pulse being quick and her face pinched; her temperature, which had been satisfactory, was rising. I went down to see her at once, and feeling sure that a loop of intestine had been nipped behind the tumour, decided to reopen the abdomen immediately.

An anæsthetic was administered and the wound was quickly reopened. There was a considerable quantity of blood-stained fluid in the peritoneal cavity, but it was quite odourless. There was not a single intestinal adhesion or other evidence of peritonitis. The tumour was then raised up, and a loop of intestine was found behind it and was released. The incision was prolonged, and the tumour and uterus were removed, but just as the pedicle was being secured and fastened the patient became collapsed, and before the abdominal incision could be closed she ceased to breathe.

*Remarks.*—This was a most disappointing case. The operation was in every way satisfactory, and there seemed every prospect of the patient making a good recovery and obtaining the desired relief. It soon became evident, however, that something was wrong, and on the evening of the fifth day the symptoms became alarming, and clearly pointed to severe intestinal obstruction. The abdomen was reopened with a view to relieving the obstruction. A loop of intestine was found lying behind the tumour, in the pelvis. This was extricated, and to prevent a recurrence of the displacement hysterectomy was performed. The patient died before the operation could be completed. I much regret having attempted to do more than release the imprisoned loop of bowel. The patient's strength was too much reduced to bear the shock of a second severe operation.

CASE 16.—E. C—, æt. 45, single, a housekeeper, was admitted into St. Thomas's Hospital on June 27th, 1892. She began to menstruate at the age of twelve, the intervals were twenty-five days, and the periods lasted four days; the loss was moderate, and there was not much pain. She was regular until about six years previously, when she had a fall which caused her much pain in her abdomen. From



that time the periods were painful and more profuse, and she became weaker and in bad health generally. For the last three years the periods, though beginning at the regular time, had lasted as long as fourteen days, and the patient had lost flesh and become anæmic. Two years previously when in the country she had had a sudden and severe flooding, and had to remain in bed. During December, 1891, and January and February, 1892, her losses had been very profuse, and had continued without intermission for ten weeks. Since February, 1893, the periods had been regular again, but latterly the pain had been worse than ever. For several years the patient had had severe pain during defæcation unless aperients were constantly taken. There had been occasional difficulty in micturition, but the catheter had never been required. For eleven months she had been taking ergot regularly as an out-patient. On examination a mass of hard tumours could be felt occupying the hypogastric, part of the umbilical, and both iliac regions. One mass on the right was more moveable than the rest, as though less sessile than the others. There was no prominence of the abdomen. Vaginal examination proved the vagina to be very short, the lateral fornices, especially the left, being depressed by a hard mass extending out from the cervix on all sides. The uterus was fixed. On the right side there was a separate mass passing backwards, and on the same side, at a higher level, a much more moveable tumour could be felt, attached to the main mass by a pedicle. This mass seemed to fill up the pelvic inlet. There was distinct pressure on the lower part of the rectum. The upper limit of the tumour was five inches above the symphysis pubis.

On July 7th abdominal section was performed. Both ovaries and both tubes were removed. The uterus was found to be rotated on its long axis, so that the attachment of the left broad ligament lay almost directly below the incision. The left appendages were removed first without difficulty. The right ovary and tube were lying behind, between the tumour and the pelvic floor. To get at them the uterus had to be turned round by inserting the hand underneath it and pulling the lower side up into view—a proceeding

of considerable difficulty. The right appendages were then secured by large pressure forceps; the broad ligament was transfixed, tied by the Staffordshire knot, and divided. There were large myomata growing outwards from all sides of the uterus, forming a number of smooth, hard, irregular-shaped sessile tumours. The uterus appeared to have exactly adapted itself in its growth to the shape of the pelvic cavity and brim. After the uterus had been rolled back into its original position the hand was passed into the pelvis, and a number of coils of intestine that had fallen into the pelvis were rescued from behind the tumour. There was very little bleeding, and the abdomen was closed without recourse to douche or drainage. She had some slight discomfort during the first day or two after the operation, but nothing to cause alarm. She made a good recovery, and was discharged September 2nd, 1892.

March, 1894.—Menstruation is said to occur every two months. She suffers from occasional pain, but her general health is very good. She is not anæmic.

June 29th, 1894.—Last menstruation May 24th, loss slight. During previous year menstruated every two months. Has had two severe hæmorrhages since operation, the last in July, 1893. Is feeling better than she has done for seven or eight years, and the tumours are much smaller.

*Remarks.*—There is little in this case to call for comment. The operation, though it has not hitherto had the effect of causing complete arrest of menstruation, has resulted in a marked diminution in the size of the tumours, and a decided improvement in the general health.

CASE 17.—C. G—, æt. 39, single, a dressmaker, was admitted into St. Thomas's Hospital April 24th, 1893.

She began to menstruate at the age of sixteen. The periods recurred every twenty-eight days, and lasted seven days; they were profuse, but unaccompanied by pain except headache. Latterly the periods had lasted longer and were more profuse. No clots were passed, but the discharge came in gushes occasionally. It was pale in colour. A swelling in the abdomen had been discovered accidentally about a year previously. Her general health had suffered, she had lost her appetite, slept

badly, and was losing flesh. For five months she had been unfit for work, and for two months had been resting and taking ergot, but without benefit. On examination a centrally situated moveable tumour was found, rising out of the pelvis to the line of the umbilicus. The cervix was high up and far back in the vagina. The sound passed four inches behind the main mass of the tumour. The patient was very anæmic. Operation was advised.

On April 27th abdominal section was performed. Both ovaries and both tubes were removed. Behind the uterus and lying in Douglas's pouch a mass of proliferating growth was felt. On bringing this up into view it was found to be a papilloma the size of a Tangerine orange ( $3\frac{1}{2}$  inches by  $2\frac{1}{2}$  by  $1\frac{1}{2}$ ), growing from the hilum of the right ovary. This was removed with the right appendages. The left appendages were normal. The removal of the myoma itself would have been very difficult. No douche or drainage was used. The muscular and aponeurotic layers were sutured separately with five fine silk sutures.

On the day following the operation the patient had a good deal of pain and much vomiting and retching. This lasted until the next day, when an enema was given which resulted in the passage of much flatus, and the patient was much relieved.

Two days later, though much better, she still complained of pain of a paroxysmal character in the abdomen. On May 4th the stitches were removed, as the wound looked rather red, and the next day an incision was made into the lower part of the wound, which afterwards began to suppurate freely, and about a fortnight later two of the deep sutures came away. Except for this recovery was uninterrupted. On June 13th the patient left the hospital. Examination on that day showed the tumour to be considerably smaller. The uterus was anteverted and adherent to the anterior abdominal wall. This adhesion was possibly due to a slight wound accidentally inflicted on the anterior peritoneal covering of the uterus during the operation.

March 15th, 1894.—Patient was examined on this date. The uterine tumour was quite moveable, measuring four inches in breadth, rising four inches above the symphysis

pubis, and causing no projection of the abdominal wall. There was nothing abnormal in Douglas's pouch or on either side of it. Menstruation had occurred twice, viz. in November and December, 1893, but not since. She had no abdominal pain, was in good health, and had a good colour. She seldom suffers from headache, is in full work, and feels quite fit for it.

*Remarks.*—The symptoms due to the uterine tumour were here, no doubt, much aggravated by the development of a small papilloma in the right ovary, a condition which was discovered for the first time during the operation. It is therefore difficult to say how much of the improvement in the patient's health should be attributed to the removal of the diseased ovary, and how much to the effect upon the uterine tumour of the removal of the uterine appendages. The combined result has, however, been to restore the patient to her normal healthy condition, and to enable her to follow her employment without the least inconvenience.

CASE 18.—S. A. R—, æt. 40, married, was admitted into St. Thomas's Hospital September 18th, 1893. She had begun to menstruate at the age of twelve, and was regular at intervals of twenty-eight days until the age of nineteen. For three years after that she was in a bad state of health, suffered from extreme anæmia, and did not menstruate at all. At the age of twenty-two menstruation again became regular, but for the first three days was attended by pain. She had married at the age of twenty-four, but had never been pregnant.

In February, 1892, she began to suffer from pain in the lower part of the stomach and down the legs; the dysmenorrhœa was most severe and the menstrual flow was diminished, and occasionally clots were passed. For the first week after each period she had a watery discharge, which was sometimes offensive. She had been losing flesh. For a few months before admission she had had constant pain in the groins and down the backs of the thighs, and during her periods micturition was difficult and painful, especially upon first rising in the morning.

On vaginal examination nothing abnormal could be discovered; on palpation the uterus was found to be enlarged



and turned backwards, the fundus occupying the hollow of the sacrum, and the cervix arching over the posterior vaginal fornix. The large body of the uterus, which was smooth, firm, and elastic, could not be moved from the true pelvis. The sound passed backwards four inches. The examination aggravated the pain.

On September 28th abdominal section was performed. The abdominal wall was very thick from deposit of fat. The uterus was found to be uniformly enlarged by an interstitial myoma, and was incarcerated in the true pelvis. Both ovaries and both tubes were removed, but a portion of the left ovary was included in the ligature. Some difficulty was caused by the intestines getting behind the tumour into Douglas's pouch.

On September 29th she was losing blood freely; the period was due a week later, and she was suffering from severe intermittent pain. This condition continued for a day or two, but on October 5th, when the wound was dressed and the stitches were removed, the discharge was much less and was scarcely blood-stained.

On October 20th she was examined. The tumour had decreased to an extraordinary degree, was freely moveable, and could be almost lifted from the pelvis. She had no pain or discomfort.

On December 22nd, 1893, she was in excellent health; the tumour was smaller and softer, and she was free from discomfort.

On July 13th, 1894, I saw the patient at the hospital. She continued to enjoy perfect health. There had been no hæmorrhage, menstrual or other, since leaving the hospital, now nine months ago.

*Remarks.*—This case was one for which the operation was eminently suited, and the result has been in every respect satisfactory; menstruation only occurred once after the operation, and its arrest has so far been permanent, while the diminution in the size of the tumour has been rapid and remarkable.

CASE 19.—M. B—, æt. 37, lady's-maid, was admitted into St. Thomas's Hospital March 5th, 1894. She began to



menstruate at the age of twelve, and the periods, lasting three or four days, had occurred regularly at intervals of three weeks. Her illness dated from an attack of lumbago seven years before admission; since that time she had suffered greatly from paroxysmal pain, which began a few days before and lasted for a few days after every period, so that she was free from pain only one week in three. On some occasions the pain had been so severe that she had been obliged to go to bed. On other occasions she was able to do her work, though with difficulty, during the whole period. During the seven years the flow had become gradually more profuse, and had lasted for six days. She thought the pain was proportional to the amount of discharge. During some of the attacks of pain micturition had been difficult, but the catheter had never been required. The day before the flow commenced the patient suffered from retching, and occasionally from vomiting. She had been very constipated. There had been no intermenstrual discharge. Four years previously she was in Soho Hospital for three weeks. She was told she had a fibroid. The use of electricity was proposed, but after the first application she refused to submit to the pain, as no promise of permanent relief could be made. Antipyrin had given some relief to the pain.

On admission the abdomen was found, on deep palpation, to be rather full, and a firm central tumour could be felt extending from the symphysis upwards for  $4\frac{1}{4}$  inches, and laterally 2 inches on each side of the middle line. There was dulness over the lower part of the tumour. On vaginal examination the cervix was found low down, and hanging from the external os was a small mucous polypus. The mass felt on abdominal palpation was found to be incorporated with the body of the uterus. The sound could not be passed even when the cervix was drawn down by the vulsella, so that it could not be ascertained whether the uterus was behind or in front of the mass. *Per rectum* the tumour could be felt bulging into the bowel, but the finger could be easily passed beyond it. On March 16th abdominal section was performed. The left ovary and tube, which were slightly adherent, lay in front. They were separated

and removed; the incision had to be made through ovarian tissue owing to the shortness of the pedicle. The right ovary lay at the bottom of Douglas's pouch. It was as large as a hen's egg, and slightly adherent. The right appendages were separated and removed. During the necessary manipulations the cyst in the ovary ruptured, and some altered blood, brown and pultaceous, escaped. The peritoneal cavity was sponged out, and some dark blood-clot which, though recent, was evidently prior to operation, was removed. The source of this clot was not ascertained; it was thought to be from a saccule in the ovarian cyst or from a second cyst. The uterus was uniformly enlarged by a fibro-myomatous growth, and the fundus reached to within two inches of the umbilicus. The wound was closed with silkworm gut, eight catgut sutures being passed through the aponeurosis. The enlarged (right) ovary was found to be a multilocular cyst containing altered blood of various hues and consistence. She made a good recovery. During the first week after the operation there was slight metrostaxis.

On April 3rd she was examined and the mass was found to be smaller and more moveable. The uterus appeared to be adherent to the under surface of the abdominal wall in the neighbourhood of the incision. *Per rectum* the tumour could still be felt projecting slightly into the bowel. She was discharged on April 17th in a satisfactory condition.

On July 22nd she was seen. She had not menstruated since leaving the hospital. She complained of flushings, but of no other morbid symptom. She was looking very well and much stronger, and was in full work.

CASE 20.—A. H—, æt. 41, married, was admitted into St. Thomas's Hospital May 7th, 1894. She began to menstruate at the age of fourteen and a half years. She was always regular. She was married when twenty-nine, and had one child in January, 1883. She had had no miscarriages. After the birth of her child she menstruated regularly until December, 1893. Two years ago she had some difficulty in micturition, the cause of which was not known. This difficulty recurred in August, 1893, when the catheter was required three times in the course of a week. On exami-

nation a tumour was discovered, and diagnosed as a fibroid. Since this was first noticed it had grown rapidly. For the five months previous to admission she had had great pain down the right leg from the loin for two or three days preceding each period, and had occasionally been obliged to go to bed. The periods had been excessive in amount, though not in length.

In January, 1894, she was sent to the London Hospital, and Mr. Treves, who examined her under an anæsthetic, advised her to wait till the menopause. As she still suffered greatly and had trouble with micturition, she was sent by Dr. Tonkin to St. Thomas's Hospital.

On examination of the abdomen a tumour distending the right side was found, rising two inches above the umbilicus, and having a breadth of six inches. On the right side the tumour was soft, rounded, and solid. The left portion appeared to be the body of the uterus; this part was thought to contract when under observation. The flanks were resonant. *Per vaginam*: the vagina was found to be encroached upon and to be almost obliterated by a large, round, soft, solid swelling, parting the posterior wall downwards and forwards. The swelling dipped to within  $1\frac{3}{4}$  inches of the fourchette. The os uteri was very difficult to reach, being lifted above the summit of the pubes and to the left side. The sound was with difficulty passed the normal distance. There was a slight trace of albumen in the urine.

On May 17th abdominal section was performed. Great care was required to avoid incising the tumour. The uterus was found in the position already defined. The left tube was traced outwards into the left iliac fossa, where it was bound down by extensive adhesions; the left ovary could not be made out, as it was flattened out and atrophied. The abdominal incision was enlarged, but no further sign of the ovary could be discovered. The left broad ligament was ligatured, and the mass made up of the tube and atrophied ovary was removed. It was subsequently found that the incision was through ovarian tissue. On the right side the tumour was soft, and it was at first thought to fluctuate, but this was afterwards disproved. In order to reach the ovary the incision was again enlarged.

The right appendages were then brought to the surface and removed. The removal of the ovaries caused a certain amount of shock. The abdomen was then closed with twelve deep and six superficial sutures.

The right ovary measured 2 inches by  $1\frac{1}{4}$  by  $\frac{3}{4}$ . Externally it was thick and fibrous, and contained a cyst the size of a walnut. The difference in the size of the two ovaries was very remarkable, the left being so shrivelled as to be scarcely recognisable, while the right was double the usual size.

The patient made an excellent recovery, and left the hospital June 13th. Examinations made before that date showed that the tumour was already shrinking.

*Remarks.*—This and the preceding case have occurred too recently for any conclusions to be drawn as to the final result of the operation.

*General summary.*—Of the twenty patients whose cases are tabulated in the following pages, six were between the ages of thirty-one and thirty-five inclusive, nine were between the ages of thirty-six and forty inclusive, five were between the ages of forty-one and forty-six inclusive. With regard to the number of children, sixteen were nulliparæ, three were primiparæ, and one had borne five children.

The tumour in nine cases was single, interstitial, and abdominal, and in three single, interstitial, and pelvic. In eight cases the tumours were multiple, consisting both of interstitial and subperitoneal growths. In six of these eight cases the tumours were partly situated in the abdomen and partly in the pelvis; in one case they were situated wholly in the abdomen, and in one wholly in the pelvis. In three of the eight cases of multiple myomata a pedunculated subperitoneal myoma was removed at the same time as the uterine appendages. Two deaths occurred in consequence of the operation. In one instance the cause of death was intestinal obstruction; in the other there was no post-mortem examination, but the cause of death was probably the same. This proportion of deaths (10 per cent.) is above the average, and is not to be taken as the true mortality of the operation.<sup>1</sup>

<sup>1</sup> Wiedow, of Freiburg, reports five deaths amongst 66 cases (7.6 per cent.), four of the deaths having occurred amongst the first twenty-four operations.



Table of Cases of Removal of Uterine

No.	Name.	Age.	Para.	Date of operation.	Place of operation.	Reasons for the operation.		Size and situation of myoma.
						Hæmorrhage.	Other symptoms.	
1	E. J.	40	0	1886 Feb. 5th	St. Mary's Hospital, Manchester	Profuse menorrhagia	Excessive anæmia	Interstitial and single, forming large abdominal tumour
2	M. M.	40	V	1889 Sept. 27th	St. Thomas's Hospital	Profuse menorrhagia	Excessive anæmia; occasional retention of urine	Interstitial and single, forming abdominal tumour reaching to umbilicus
3	H. M.	41	I	1889 Dec. 7th	St. Thomas's Hospital	None	Dysmenorrhœa and other attacks of pain	Subperitoneal; one with pedicle, one without; former removed at same time as appendages
4	J. R.	31	0	1890 May 5th	St. Thomas's Hospital	Menorrhagia	Inability to sit at work; recent rapid growth of tumour; dysmenorrhœa; difficulty in defecation	Interstitial and single, forming abdominal tumour reaching to 1½ inches above umbilicus
5	S. B.	39	0	1890 Sept. 6th	St. Thomas's Home	Menorrhagia	Rapid growth of tumour	Interstitial and single, forming large abdominal tumour rising 3½ inches above umbilicus
6	L. W.	34	0	1890 Sept. 25th	St. Thomas's Hospital	Profuse menorrhagia interfering with occupation	Dysmenorrhœa	Interstitial and single, forming large abdominal tumour reaching 2 inches above umbilicus
7	H. H.	37	I	1890 Dec. 1st	St. Thomas's Hospital	Profuse menorrhagia	Extreme anæmia; occasional retention of urine	Interstitial and single, chiefly occupying pelvis, which it filled, pressing on rectum and bladder; upper limit 3½ inches above pubes
8	R. J.	32	0	1891 Feb. 5th	St. Thomas's Hospital	Menorrhagia	Constant pain and unfitness for work	Subperitoneal and interstitial, occupying right side and back of pelvis and whole lower part of abdomen



## Appendages for Uterine Myoma.

Result.					When last seen or heard from.	How long between operation and last observation.
Immediate.	First few months.	Eventual.				
		As to size of tumour.	As to hæmorrhage.	As to general health.		
R.	Slight continuous metrostaxis	Much diminished	Ceased	Greatly improved	Dec., 1886	10 mos.
R.	Slight metrostaxis		Not known		Oct. 27th, 1889	1 month.
R.	Menstruated every 3 months in 1890; twice only in 1891; not since	No tumour discoverable	See under "First few months"	Excellent; no intermenstrual pain since operation; no dysmenorrhœa after first 2 months	March 2nd, 1894	4½ years.
R.	Slight metrostaxis for a few weeks	A fixed, central, globular tumour, about 2½ in. diam., only to be felt on deep palpation	Ceased	Much improved; can walk 3 or 4 miles and sit any length of time without discomfort	Feb. 23rd, 1894	3¾ years.
R.	No menstruation for 4 months, then every 2 months; much pain in legs and back; unable to resume work for 5 months	Diminished at first, then varied. In 1891 as large as before. From Jan., 1892, has diminished	Menstruated Dec., 1891, then in Sept., 1892, and not since	Looks well, but complains of backache and fulness in head	Dec. 9th, 1893	3¼ years.
R.	Slight metrostaxis constant for more than 2 years; pain in right leg	Tumour less; upper limit now 2 inches below umbilicus	None after metrostaxis ceased until Sept., 1893; then constant hæmorrhage, varying in quantity until Nov., 1893; none since	Excellent; not lost a day's work or suffered in any way	April 13th, 1894	3½ years.
R.	Much pain after operation; slight metrostaxis; no further pressure symptoms	Gradual diminution	Ceased in summer of 1893	Excellent	March 12th, 1894	3¼ years.
R.	Much pain and vomiting 48 hours, then satisfactory recovery; menstruation regular; pain much less	Great diminution; tumour on right, size of duck's egg; no tumour can be felt in left side of abdomen	Menstruation continued, but not in excess	Considerable paroxysmal pain second and third year, afterwards little or none; health indifferent	May 21st, 1894	3½ years.

No.	Name.	Age.	Para.	Date of operation.	Place of operation.	Reasons for the operation.		Size and situation of myoma.
						Hæmorrhage.	Other symptoms.	
9	J. B.	44	0	1891 Feb. 9th	Establishment for Invalid Gentlewomen	Profuse menorrhagia	Severe pain; rapid growth of tumour; total disability (one ovary already removed)	Interstitial and single, forming large abdominal tumour, rising to 9½ inches above symphysis pubis; small pedunculated subperitoneal myoma removed; no part of tumour in pelvis
10	H. P.	36	0	1891 April 9th	St. Thomas's Hospital	Menorrhagia	Pressure on bladder, with frequent micturition	Multiple, subperitoneal, and interstitial; upper limit 5½ inches above pubes; pedunculated subperitoneal myoma 3½ × 2½ inches removed
11	D. L.-M.	34	0	1891 May 3rd	Private Nursing Home	Excessive menorrhagia	Dysmenorrhœa; anæmia; in bed several days every month	Interstitial and single, forming large abdominal tumour reaching to umbilicus
12	M. C.	46	0, one abortion	1891 July 11th	St. Thomas's Home	Menorrhagia	Anæmia and general debility	Interstitial and single, forming abdominal tumour reaching to umbilicus
13	E. R.	40	0	1892 March 10th	St. Thomas's Hospital	Severe menorrhagia	Dysmenorrhœa; occasional retention of urine	Interstitial and single, forming abdominal tumour reaching to umbilicus
14	M. B.	33	0	1892 May 5th	St. Thomas's Hospital	Menorrhagia	Dysmenorrhœa; pressure on rectum and bladder	Interstitial and subperitoneal, reaching to 7 inches above pubes, flattening rectum and displacing bladder
15	E. K.	35	0 ?	1892 June 15th	St. Thomas's Hospital	Severe menorrhagia	Anæmia and general failure of health; œdema of legs	Interstitial with small subperitoneal outgrowths; upper limit 11 inches above pubes; no part of tumour in pelvis

Result.						
Immediate.	First few months.	Eventual.			When last seen or heard from.	How long between operation and last observation.
		As to size of tumour.	As to hæmorrhage.	As to general health.		
R.	Much hæmorrhage and pain for 3 months, then watery discharge and occasional hæmorrhage	Little if any smaller	Undiminished, but attended with rather less pain	Still an invalid, but improving in health; a ligature came away through sinus nearly 3 years after operation	July 4th, 1894	3 years and 5 mos.
R.	Good recovery, delayed by attack of acute pneumonia	No tumours can be felt by patient	Menstruated twice in 2 years (1892 and 1893), not since	Health good; suffers from cramp in left leg and flushes	April 16th, 1894	3 years.
D. 10th day; persistent vomiting and flatulent distension. No P.M.	—	—	—	—	—	—
R.	Partial operation; left ovary irremovable; menstruated three times (with pain) in the 2 mos.; tumour smaller; health improved	Not known (patient having returned to South America)			Sept. 18th, 1891	2 mos.
R.	Operation followed during second week by abdominal pain, aching, numbness, and œdema of legs, and pyrexia; at end of month health good	No tumour can be felt	Ceased from date of operation	Improved	Feb. 21st, 1894	1 year and 11 mos.
R.	Pain for 2 days, then uninterrupted recovery	Diminished; in 9 months only extended 4 inches above pubes	Regular and profuse menstruation for 6 months, then ceased	Well and stout; has since married	April 21st, 1893	Nearly 1 year.
D. 4 days after symptoms of intestinal obstruction abdomen reopened; death on operating table	—	—	—	—	—	—

No.	Name.	Age.	Para.	Date of operation.	Place of operation.	Reasons for the operation.		Size and situation of myoma.
						Hæmorrhage.	Other symptoms.	
16	E. C.	45	0	1892 July 7th	St. Thomas's Hospital	Menorrhagia and irregular hæmorrhage	Anæmia; dysmenorrhœa; pressure on rectum and bladder	Multiple, subperitoneal, and interstitial, chiefly in pelvis
17	C. G.	39	0	1893 April 24th	St. Thomas's Hospital	Menorrhagia	Loss of flesh and incapacity for work; anæmia	Interstitial and single, reaching to umbilicus; papillomatous tumour, right ovary
18	S. A. R.	40	0	1893 Sept. 28th	St. Thomas's Hospital	None	Constant pain and difficult micturition with loss of flesh	Interstitial and single, incarcerated in pelvis
19	M. B.	37	0	1894 March 16th	St. Thomas's Hospital	Menorrhagia	Severe paroxysmal pain several days before, during, and several days after period	Interstitial and single, filling pelvis and reaching to 4½ inches above pubes; no obvious enlargement of abdomen; right ovary size of hen's egg, containing cysts full of blood
20	A. H.	41	I	1894 May 17th	St. Thomas's Hospital	Menorrhagia	Severe dysmenorrhœa; difficulty in micturition; occasional retention	Subperitoneal and interstitial, multiple, chiefly intra-pelvic; left ovary atrophied (?); right ovary cystic, 2 × 1½ × ¾ inches

Result.					When last seen or heard from.	How long between operation and last observation.
Immediate.	First few months.	Eventual.				
		As to size of tumour.	As to hæmorrhage.	As to general health		
R.	Discomfort for a day or two, then gradual improvement	Much diminished	Menstruates every 2 months, loss slight; two severe hæmorrhages since operation, the last in July, 1893	Better than for many years; no pain	June 29th, 1894	2 years.
R.	Much pain and vomiting first 2 or 3 days, then recovery good	Much less, reaching only 4 inches above pubes	Menstruated twice, viz. Nov. and Dec., 1893; not since	Health restored; no pain; is in full work, and feels quite fit for it	March 15th, 1894	1 year.
R.	Metrostaxis for 2 or 3 days; at end of month no pain or discomfort	Great diminution, giving free mobility	Ceased from date of operation with slight exception named	Excellent; suffers from flushes	July 13th, 1894	9 mos.
R.	Slight metrostaxis during first week; 4 months after, well and strong; tumour smaller; had not menstruated	?	?	?	July 22nd, 1894	4 mos.
R.	Satisfactory; tumour smaller at end of month; slight metrostaxis for 2 days during first week; none afterwards up to leaving hospital	?	?	?	—	—



Deducting the two fatal cases, together with two cases that have not been heard of since the patients left the hospital, and two others that have only been operated upon during the current year, there remain fourteen cases available for studying the ultimate effects of the operation. In eight of these fourteen cases the patients have been seen, or reports of their condition have been received after a period of three or more years since the operation. In two cases the information extends to two years ; and in the remaining four cases it extends to periods varying from nine months to a year. Speaking generally, the results of the operation may be described in eleven of the cases ( $78\frac{1}{2}$  per cent.) as very satisfactory, in two cases ( $14\frac{1}{4}$  per cent.) as fairly satisfactory, and in one case (7 per cent.) as unsatisfactory.

Taking the results in detail, it will be observed that in twelve of the fourteen cases there was marked diminution in the size of the tumour or tumours. In one case there was immediate diminution, followed first by a regaining of the

Of the last 40 cases he only lost one, so that in his later series of operations the mortality was only 2·5 per cent.

Up to the end of 1888 Mr. Lawson Tait had performed the operation 272 times, with twelve deaths, giving an average mortality of 4·41 per cent. In his last 154 cases he had a fatal result in only two.

As this question of mortality is one of very great importance I quote Mr. Tait's own words on the subject:—"The mortality of the operation in my hands up to the present moment of publication [April, 1889], exclusive of the earliest work, which in no way represents the *mortality of the operation*, gives ONLY 1·53 PER CENT. Adverse critics have been delighted to rake up my early cases, in which, with less than a score of cases, the mortality was nearly 25 per cent. ; but I need not say that as I originated this proceeding I have had to bear the burden of the blunders inseparable from ignorance—blunders which have helped me not only to mend my own ways, but also to mend the ways of those who came after me, and who have forgotten to credit me with the better results which my misfortunes provided for them.

"Let me say here, in relation to statistical investigation of this kind, what I have often had to say upon other and similar occasions—that as early experience must always have unfavorable results, it is perfectly absurd to put a collection of cases derived from the early experience of a large number of operators as giving the mortality of any operation ; such a collection is only the mortality of inexperienced operators. The true mortality of the operation can only be arrived at from the operations performed by the best operator or operators, and even in the case of experienced operators their early instances must be excluded from the true mortality of the operation" ('Diseases of Women and Abdominal Surgery,' vol. i, Leicester, 1889, pp. 195, 196).

former size, and later by a gradual return of the diminution, which has this time proved permanent. In only one case has there been little or any alteration in the size of the tumour.<sup>1</sup>

In no case in which pressure symptoms existed before operation did the operation fail to relieve them.

Menstruation finally ceased at once or within the first few months in five cases, after the lapse of a year in one case, after two years in two cases, after two and a half years in two cases, and after three years in one case. In two cases menstruation has continued, and in three cases the result in this respect is not known.<sup>2</sup>

There was slight metrostaxis for the first few days in three cases, for the first few weeks in one case, for the first few months in three cases, and for two years in one case.

Menorrhagia, which was present before operation in eighteen out of the twenty cases, has persisted in one case; in one case it continued for six months, and in two cases it recurred occasionally at considerable intervals. In those of the other patients who survived the operation, and whose subsequent history is known, there was no return of the menorrhagia after the operation.

Finally, the general health, which in every case was more or less seriously affected at the time of the operation, has been completely re-established in eleven cases, has been partially re-established in two cases, and remains practically unimproved in one case.

The conclusions at which I have arrived from my own comparatively limited experience of the operation are—

(1) That it affords an almost certain means of relieving all the more dangerous symptoms in cases in which active

<sup>1</sup> This result may be compared with Wiedow's. Out of thirty-three cases in which he had observed or been able to ascertain the subsequent condition of the tumour, the tumour is reported to have disappeared in twenty-four, to have diminished in eight, and in only one to have remained the same size.

<sup>2</sup> Wiedow reports that out of thirty-seven cases which were kept under observation for a period of three years after the operation the menopause occurred at once in twenty-one cases, and after one or more hæmorrhages in fifteen cases; whilst in the remaining case, after a period of amenorrhœa extending over half a year from the time of operation, the catamenia again appeared regularly, the flow being slight.

treatment is necessary, and in which removal of the tumour or tumours is either impracticable or likely to be attended with special difficulty or grave risk.

(2) That it is unsuitable in cases where the tumours have attained a very large size, or have become œdematous, or have undergone cystic or other degenerative change.

(3) That it is peculiarly applicable to those cases in which the tumours are for the most part intra-pelvic, and in which operative interference is required for the relief or prevention of dangerous pressure symptoms.

(4) That its field of usefulness is likely to become curtailed in proportion as the technique of abdominal hysterectomy improves and the mortality of the latter operation diminishes.

(5) That although, in experienced hands, its mortality is not high, it should never be regarded or spoken of as a slight or minor operation.

(6) That it is impossible to know beforehand whether it will be an easy or a difficult, or even a practicable operation.

(7) That the relief is not generally so prompt or convalescence so free from interruption as in an ordinary case of ovariectomy, or even of abdominal hysterectomy.

(8) That before being submitted to the operation a patient should, in the interests both of herself and the operator, be made fully aware of the uncertainties that specially attend it.

STATISTICAL REPORTS.





# MEDICAL REPORT.

1892.

BY HECTOR W. G. MACKENZIE, M.A., M.D., F.R.C.P.,  
MEDICAL REGISTRAR.

TABLE I.—*General Statement of Medical and Surgical Patients.*

				Males.	Females.	Total.
Number of patients in Hospital, Jan. 1st, 1892	...	...	...	213	168	381
" " " Dec. 31st, 1892	...	...	...	213	168	381
" " discharged or died during 1892:						
		Males	Females.	Total.	Rate per cent.	
Cured	...	1748	1304	3052	...	58·8
Relieved	...	647	624	1271	...	24·5
Unrelieved or other causes	...	147	120	267	...	5·1
Died	...	341	259	600	...	11·5
		2883	2307	5190		
Average number of days of each medical patient's stay in hospital—						25·7.
" " " surgical						28·12.

TABLE II.—*General Medical Statement.*

Number of Medical Beds <sup>1</sup> ...	...	...	...	...	171					
			Males.	Females.	Total.					
Number of patients in Medical Wards, Jan. 1st, 1892	...	62	...	62	...	124				
"    "    admitted during the year 1892	...	1012	...	929	...	1941				
Total		...	...	1074	...	991	...	2065		
"    "    in Medical Wards, Dec. 31st, 1892	...	62	...	65	...	127				
"    "    treated to a termination during 1892	...	1012	...	926	...	1938				
"    "    discharged or died during 1892:										
		Males.	Females.	Total.	Rate per cent.					
Cured	...	477	...	420	...	897	...	46·3		
Relieved	...	290	...	325	...	615	...	31·7		
Unrelieved or other causes	...	33	...	28	...	61	...	3·1		
Died	...	212	...	153	...	365	...	18·8		
Total		...	...	1012	...	926	...	1938	...	100
Average number of days of each patient's stay in hospital—25·7.										

<sup>1</sup> This does not include 21 beds in Adelaide Ward, the statistics of which are given in the Report of the In-patient Department for Diseases of Women.

TABLE III.—*General*

DISEASE.	Number of cases.		Age.								Duration of residence.									
	Total.	M. F.	Under 5	5-10	10-20	20-30	30-40	40-50	50-60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year	
I. GENERAL DISEASES.																				
Measles . . . . .	18	14	4	10	5	1	2	...	...	...	4	4	7	3	...	...	...	...	...	
Influenza . . . . .	60	20	40	...	...	6	3	9	8	6	1	...	19	27	9	5	...	...	...	
Varicella . . . . .	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Scarlet fever . . . . .	17	9	8	7	1	5	4	...	...	...	2	2	3	10	...	...	...	...	...	
Enteric fever . . . . .	38	21	17	2	5	13	14	2	...	2	2	1	2	27	5	1	...	...	...	
Fever of doubtful nature . . . . .	3	...	3	1	1	...	...	1	...	...	1	...	...	1	1	...	...	...	...	
Cholera . . . . .	1	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	
Erysipelas . . . . .	28	10	18	2	2	6	8	4	4	1	1	9	8	10	1	...	...	...	...	
Pyæmia . . . . .	2	1	1	...	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	
Diphtheria . . . . .	146	62	84	88	37	10	7	...	2	2	...	55	29	48	12	2	...	...	...	
Diphtheritic paralysis . . . . .	4	2	2	...	1	...	2	1	...	...	...	...	2	1	1	...	...	...	...	
Ague . . . . .	2	1	1	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	
Pertussis . . . . .	5	2	3	4	1	...	...	...	...	...	1	1	2	...	...	...	1	...	...	
Acute rheumatism . . . . .	96	52	44	2	8	36	33	9	7	1	...	8	41	29	17	1	...	...	...	
Chronic articular rheumatism . . . . .	3	2	1	...	...	...	...	2	...	1	...	...	1	1	1	...	...	...	...	
Gonorrhœal rheumatism . . . . .	1	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	
Rheumatic pains . . . . .	3	3	...	...	1	...	...	1	1	...	...	1	...	2	...	...	...	...	...	
Gout . . . . .	6	6	...	...	...	...	...	1	2	3	...	1	2	3	...	...	...	...	...	
Rickets . . . . .	8	3	5	8	...	...	...	...	...	...	...	1	3	3	1	...	...	...	...	

Table of Diseases.

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
11	3	1	...	1	...	1	1	Bronchitis occurred as a complication in 10, pneumonia in 6, pleurisy in 1, diarrhœa in 6. In one case general paresis and mental hebetude ensued. Of the patients, 19 were nurses, 6 were ward-maids, and 1 was a hospital porter.
20	39	...	1	...	...	...	...	
1	...	...	...	...	...	...	...	3 nurses, 1 house physician among those affected.
9	4	...	2	...	2	...	...	
19	16	...	...	...	...	2	1	The presence of spots was noted in 22 cases, their absence in 8. In 15 cases there was constipation throughout the illness. In 21 there was diarrhœa, for the most part alternating with constipation. The 3 fatal cases were characterised by diarrhœa. In 3 cases relapses occurred, in 2 cases thrombosis, in 1 bronchitis, in 1 pneumonia. In 1 case there was hæmorrhage from the bowels. Death was caused by perforation in 2 cases (see Special Abstracts).
...	3	...	...	...	...	...	...	
...	...	...	...	...	...	1	...	The patient was a lighterman employed on a barge at the sewage outlet on the Thames.
9	18	...	...	...	...	1	...	
...	...	...	...	...	...	1	1	All facial. Albuminuria in 8, delirium in 5, hæmoptysis in 1. Cause undetermined in both cases (see Special Abstracts).
32	50	...	1	1	...	29	33	
...	...	...	...	...	...	...	...	Tracheotomy was performed in 81 cases, 55 of which proved fatal and 26 recovered, or about 1 recovery in 3. Paralytic symptoms were noted in 14 of the fatal and in 11 of the non-fatal cases. Of the cases in which the condition of the urine was noted, albuminuria was found in 62 per cent. of the non-fatal cases and in 85 per cent. of the fatal cases. Of the fatal cases, there was broncho-pneumonia in 18, pulmonary collapse in 6, pulmonary hæmorrhage in 1, caseous bronchial glands in 2. In 1 case there was secondary hæmorrhage from the tracheotomy wound. In 7 cases there was no P.M.
2	...	1	...	...	...	1	...	
1	1	...	...	...	...	...	...	In the fatal case broncho-pneumonia.
1	1	1	1	...	1	...	...	
50	41	2	2	...	...	...	1	Bronchitis also in 1, broncho-pneumonia in 1, phthisis in 1, mitral disease in 1.
...	...	2	1	...	...	...	...	
1	...	...	...	...	...	...	...	53 were cases of first attack, 26 of second, 10 of third, 1 of fourth, 3 of fifth or later, 3 doubtful. In 46 there was mitral valvular disease, in 2 aortic, and in 3 both mitral and aortic. In 2 there was pericarditis, in 3 albuminuria, in 1 phthisis. In 2 chorea developed, and in 1 acute mania.
3	...	...	...	...	...	...	...	
5	...	1	...	...	...	...	...	Cystitis also in 1, pleurisy in 1.
...	...	2	5	...	...	1	...	
...	...	...	...	...	...	...	...	Bronchitis in 2, spleen enlarged in 2.

TABLE III—

DISEASE.	Number of cases.		Age.								Duration of residence.									
	Total.	M. F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Above 1 year	
I. GENERAL DISEASES — <i>continued.</i>																				
Myxœdema . . . . .	8	1	7	...	...	...	1	3	1	1	2	2	...	...	3	2	1	...	...	...
Diabetes mellitus . . . . .	15	11	4	...	...	1	2	5	5	2	...	4	...	...	8	3	...	...	...	...
Purpura . . . . .	7	6	1	3	2	2	...	...	...	...	...	2	3	...	2	...	...	...	...	...
Anæmia . . . . .	33	2	31	1	...	11	16	3	1	...	1	1	9	17	4	2	...	...	...	...
Leucocythæmia . . . . .	4	4	...	...	...	...	...	2	2	...	...	...	2	2	...	...	...	...	...	...
General tuberculosis . . . . .	3	2	1	2	1	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...
Œdema . . . . .	3	2	1	...	...	...	...	3	...	...	...	2	...	1	...	...	...	...	...	...
II. DISEASES OF THE SKIN.																				
Erythema nodosum . . . . .	2	...	2	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	...
Psoriasis . . . . .	1	...	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Eczema . . . . .	6	3	3	1	...	...	1	1	...	2	1	1	...	3	2	...	...	...	...	...
Lichen planus . . . . .	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
Pityriasis rubra . . . . .	3	2	1	...	...	...	...	2	...	1	...	...	1	...	2	...	...	...	...	...
Lupus . . . . .	6	...	6	...	1	1	3	...	1	...	...	...	...	1	1	3	1	...	...	...
Elephantiasis . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
III. DISEASES OF THE RESPIRATORY SYSTEM.																				
Laryngitis . . . . .	16	5	11	3	1	2	3	4	1	1	1	6	3	4	2	1	...	...	...	...
Syphilitic laryngitis . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...
Papillomata of larynx . . . . .	2	1	1	1	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...
Malignant disease of larynx . . . . .	3	2	1	...	...	...	...	...	2	...	1	...	...	1	2	...	...	...	...	...
Paralysis of the abductors of larynx . . . . .	1	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...

*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
1	1	...	5	...	...	1	...	Of the 2 cases cured: 1 was treated with hypodermic injections of thyroid extract, the other by thyroid feeding. In the fatal case, death occurred on the day of admission. The thyroid was a little reduced in size; there was much subcutaneous fat and ascites (see Special Abstracts).
...	...	9	2	...	...	2	2	In all the fatal cases death occurred within a few days of admission.
5	...	1	...	...	...	1	...	In the fatal case, hæmorrhages into the cerebellum and right optic thalamus, and into the lungs and mucous and serous membranes. Rheumatism and mitral valvular disease in 1.
2	...	3	1	...	...	...	...	In 1 case treated with arsenic, herpes developed.
...	...	4	...	...	...	...	...	
...	...	...	...	...	...	2	1	Caseous glands in all. Rickets also in 2.
2	...	1	...	...	...	...	...	
...	2	...	...	...	...	...	...	
...	...	1	...	...	...	...	...	
1	2	2	1	...	...	...	...	In 1 acute mania developed.
...	...	1	...	...	...	...	...	
...	...	2	1	...	...	...	...	Mitral disease in 1.
...	...	5	...	1	...	...	...	5 of the face, 1 of the arm, 1 a case of multiple scrofuloderma. Several of the cases treated in the previous year by Koch's tuberculin without permanent benefit.
...	1	...	...	...	...	...	...	
5	7	...	3	...	1	...	...	2 after measles, in 1 of which there was broncho-pneumonia, and a fatal issue occurred 14 days after discharge. 1 probably tubercular; in 1 a suspicion of diphtheria. In 1, a chronic case, tracheotomy was performed for the relief of dyspnoea.
...	...	...	...	...	...	1	...	Ulceration of larynx and trachea; tracheotomy; pneumonia, cirrhosis of liver.
...	...	1	...	...	...	1	...	In fatal case, death occurred during operation for tracheotomy; a communication existed between the auricles of the heart. In the non-fatal case thyrotomy was performed.
...	2	1	...	...	...	...	...	
...	...	1	...	...	...	...	...	





*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
1	2							
1						1	2	Tracheotomy in all. See 'St. Thomas's Hospital Reports' for 1890, pp. 250—256.
35	21	18	6	1	1	3	8	History of acute rheumatism in 6, mitral valvular disease in 3, albuminuria in 19, ascites in 1, abdominal tumour in 1. Tracheotomy performed in 2 cases; both fatal. Of the fatal cases: bronchiectasis in 1, broncho-pneumonia in 1, old phthisis in 1, granular kidneys in 1, gall-stones in 1. No P.M. in 2.
		1				2		In the fatal cases dilated heart and chronic congestion of organs.
18	19	2				10	5	Of the fatal cases: no P.M. in 2, rickets in 4, caseous bronchial glands in 1, vegetations on the pulmonary valves in 1.
		1						
51	21					15	2	Of the fatal cases: both lungs affected in 6, one lung only in 8; pericarditis in 2, gummata of liver in 1. History of alcoholism in 5, of which 2 fatal.
		1						
		25	16	2	1	12	8	Of the fatal cases: empyema in 1, tubercular meningitis in 1, caries of vertebræ and psoas abscess in 1. Of the non-fatal: ascites in 1, pleuritic effusion in 1.
	1							From injury.
						1		Resection of rib. Fibrosis and excavation of lung.
8	1							
35	9	1	1		2	1		21 on the right side, in 14 of which there was marked effusion; 26 on the left side, in 19 of which there was effusion; 1 double; 1 not noted. Aspiration was performed once in 22 cases, and twice in 5 cases. In 2 cases no fluid was obtained. In the cases which were aspirated the average amount of fluid removed was 36 ounces, the largest quantity being 80 ounces, the smallest 2½. Mitral valvular disease in 1 case. In the fatal case there was dilatation of the right ventricle, thrombosis of the pulmonary artery, and chronic congestion of the liver, spleen, and kidneys.
11	1		1		1	6	2	12 on the right side, 10 on the left. Resection of rib was performed in 18 cases. In 1 case, a fatal one, Estlander's operation was performed. In most of the resection cases aspiration was first performed for diagnosis. In 1 case aspiration alone was performed, followed by recovery, and in 1 case a simple incision was made after aspiration. In 4 of the fatal cases tubercle of lungs, in 2 broncho-pneumonia, in 1 cirrhosis of the liver. In 1 of the fatal cases erysipelas and measles developed.
						1		Secondary to presence of a clove in the right bronchus. Treated by resection of rib after exploratory punctures (see Special Abstracts).

TABLE III—

DISEASE.	Number of cases.			Age.							Duration of residence.										
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year	
III. DISEASES OF THE RESPIRATORY SYSTEM — <i>continued.</i>																					
Gangrene of lung . . . . .	2	1	1	1							1	1	1								
Hydatid of lung . . . . .	1	1				1											1				
Intra-thoracic tumour . . . . .	2	1	1							1	1		1	1							
Dyspnœa . . . . .	1	1					1						1								
IV. DISEASES OF THE ORGANS OF CIRCULATION.																					
Pericarditis . . . . .	17	11	6	1	3	8	3	1	1			3	3	3	5	3					
Adherent pericardium . . . . .	2		2			2									2						
Mitral valvular disease . . . . .	46	18	28		3	8	7	8	14	4	2	5	11	8	15	6	1				
Aortic valvular disease . . . . .	28	17	11			2	7	8	3	6	2	8	6	8	5	1					
Aortic and mitral valvular disease . . . . .	34	15	19		2	9	8	4	6	2	3	3	10	12	7	1	1				
Malformation of heart . . . . .	5	3	2	3	1			1					1	4							
Dilatation of heart . . . . .	1		1				1								1						
Fatty heart . . . . .	1	1						1				1									
Tachycardia . . . . .	2	1	1						1	1			2								
Thoracic aneurysm . . . . .	13	13						4	5	3	1	4		3	2	2	1			1	
Abdominal aneurysm . . . . .	2	2						2					2								
Thrombosis . . . . .	3		3			2	1						1	1	1						
Obliterative arteritis . . . . .	1		1				1								1						
Raynaud's disease . . . . .	1		1				1						1								

*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
						1	1	
1								Treated by aspiration and incision.
						1	1	In both cases involving mediastinal glands and the root of right lung (see Special Abstracts).
		1						
5	4			1		5	2	In 10 history of rheumatism, in 1 of chorea, and in 2 more of rheumatism in parents. Pneumonia also in 2, valvular disease of the heart in 11. Of the fatal cases: in 1 no P.M., 1 tubercular, 1 hæmorrhagic (see Special Abstracts), 2 suppurative, in which there was also double suppurative pleurisy.
				1			1	In non-fatal case ascites.
		16	24			2	4	Of the fatal cases: no P.M. in 1, stenosis in 3, with stenosis of tricuspid also in 1, adherent pericardium in 2, chronic renal disease in 1. Including both fatal and non-fatal cases, there was evidence of stenosis in 18, bronchitis in 3, pleuritic effusion in 1. History of rheumatism in 29 and of chorea in 1. 2 cases complicated with rheumatism during residence.
		13	6			4	5	In 9 history of rheumatism. Gangrene of toes in 1, ascites in 1. Adherent pericardium in 1 of the fatal cases. History of alcoholism in 2.
		3	12			12	7	In 26 history of rheumatism, in 1 of chorea. Of the fatal cases: no P.M. in 3, mitral stenosis in 6, adherent pericardium in 7, aneurysm of aortic valve in 1.
		3	2					
			1					
						1		History of alcoholism.
		1	1					
		10				3		Fibroid phthisis in 1. Of the fatal cases: 1 perforated into œsophagus (see Special Abstracts).
				2				Both proved fatal within a short time of leaving hospital. In 1 P.M. made at home, aneurysm of cœliac axis rupturing into peritoneum; in the other P.M. at Guy's Hospital, large sacculated aneurysm arising above left renal artery (see Special Abstracts).
			3					
			1					
	1							

TABLE III—

DISEASE.	Number of cases.		Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	10-20	20-30	30-40	40-50	50-60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year
V. DISEASES OF THE DUCT-LESS GLANDS.																				
Exophthalmic goitre . . . . .	8	...	8	...	2	3	1	1	...	...	...	...	2	3	1	2	...	...	...	...
Enlargement of spleen . . . . .	4	2	2	1	...	2	...	...	1	...	...	1	...	3	...	...	...	...	...	...
Perisplenitis . . . . .	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Addison's disease . . . . .	1	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
VI. DISEASES OF THE DIGESTIVE ORGANS.																				
1. Alimentary canal.																				
Stomatitis . . . . .	1	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Cancerum oris . . . . .	2	1	1	2	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Glossitis . . . . .	1	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Tonsillitis . . . . .	44	10	34	3	8	15	13	4	1	...	...	20	18	5	1	...	...	...	...	...
Stricture of œsophagus . . . . .	8	8	...	...	...	...	...	...	2	3	3	2	1	3	2	...	...	...	...	...
Dyspepsia . . . . .	27	7	20	...	...	5	10	7	4	1	...	9	6	5	7	...	...	...	...	...
Dilated stomach . . . . .	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Gastric ulcer . . . . .	21	2	19	...	...	2	13	3	2	1	...	4	3	6	5	2	...	1	...	...
Hæmatemesis . . . . .	8	2	6	...	...	1	1	4	...	2	...	2	3	2	1	...	...	...	...	...
Vomiting . . . . .	17	4	13	...	3	5	6	1	1	...	1	1	6	7	3	...	...	...	...	...
Malignant disease of stomach . . . . .	10	10	...	...	...	...	...	1	...	6	3	...	1	5	3	1	...	...	...	...
Duodenal ulcer . . . . .	1	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
Diarrhœa . . . . .	55	31	24	36	3	4	6	1	2	2	1	25	12	11	6	1	...	...	...	...
Chronic dysentery . . . . .	4	3	1	...	...	2	1	...	1	...	...	1	1	2	...	...	...	...	...	...
Melæna . . . . .	1	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Colic . . . . .	16	12	4	1	2	4	2	2	3	...	2	8	5	2	1	...	...	...	...	...
Constipation . . . . .	15	4	11	1	...	7	4	1	2	...	...	8	5	1	1	...	...	...	...	...
Bleeding from rectum . . . . .	1	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Internal strangulation . . . . .	3	3	...	1	1	...	1	...	...	...	...	2	...	...	1	...	...	...	...	...



*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
			8					Mitral incompetence in 1.
		2	2					
1								
						1		See Special Abstracts.
1								
1							1	
1								
10	34							Tonsils enlarged in 5. Suspicion of diphtheria in 12. Among the patients were 2 students, 1 porter, 4 nurses, and 3 ward-maids.
		3		1		4		All malignant disease. 1 transferred to surgical side for gastro-stomy, which operation was also performed in 2 of the fatal cases. In 2 of the fatal cases the middle of the œsophagus was affected with growth, and in 2 the cardiac end.
								Mitral regurgitation in 1.
6	7	14						
	1							
	1	18				1	1	Perforation in both fatal cases; abdominal section in 1. See 'St. Thomas's Hospital Reports,' 1891, and Special Abstracts.
2	6							
3	10	1	3					Pregnancy in 1, hysteria in 1.
		6				4		Secondary growths in liver in 1.
						1		Perforation. Acute peritonitis.
18	14	6	1			7	9	8 cases chronic. Of the fatal cases: no P.M. in 2; P.M. negative in 6; intestinal catarrh in 3, swelling of Peyer's patches 2, ulceration of intestines in 1, eczema in 1, pneumonia in 1, intestinal hæmorrhage in 1.
		2				1	1	In both fatal cases extensive ulceration of large intestine.
1								
12	4							
1	9	2	2			1		In the fatal case, which was one of chronic constipation, the large intestine was enormously distended, and 31 lbs. of fæces were removed from it at the post-mortem.
	1							
1						2		Abdominal section in all 3 cases. Strangulation due to a diverticulum in all. See 'St. Thomas's Hospital Reports,' 1891.

TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year	
VI. DISEASES OF THE DIGESTIVE ORGANS— <i>continued.</i>																					
Strangulated hernia . . .	2	1	1	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	
Intussusception . . .	5	4	1	4	...	...	...	1	...	...	...	4	...	...	...	1	...	...	...	...	
Acute obstruction (other forms)	4	4	...	...	...	...	1	...	1	2	...	3	1	...	...	...	...	...	...	...	
Chronic obstruction . . .	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	
Malignant disease of intestines	6	3	3	...	...	...	...	2	1	1	2	4	...	...	2	...	...	...	...	...	
Tapeworms . . .	1	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	
Perityphlitis . . .	18	14	4	...	1	8	4	3	...	1	1	3	2	8	4	...	1	...	...	...	
Perforation of vermiform appendix	3	3	...	...	2	1	...	...	...	...	...	3	...	...	...	...	...	...	...	...	
2. <i>Peritoneum.</i>																					
Acute peritonitis . . .	8	4	4	1	2	2	1	...	...	1	1	5	1	...	2	...	...	...	...	...	
Tubercular peritonitis . . .	9	5	4	1	5	3	...	...	...	...	...	...	1	2	2	4	...	...	...	...	
Peritoneal abscess . . .	1	1	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	

*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	...	...	1	1	In fatal case, which was one of femoral hernia, malignant disease of rectum. The other, one of obturator hernia, transferred to surgical side.
1	1	...	...	...	...	3	...	1 case cured by inflation, 1 by abdominal section and removal of cæcum.
...	...	...	...	1	...	3	...	1 refused treatment. Of the fatal cases: in 1 stricture by cicatricial contraction of ulcer in splenic flexure, perforation just above cæcum, acute peritonitis; abdominal section performed in 1, sigmoid flexure much distended and twisted on itself, colotomy performed; in 1 dilatation and hypertrophy of sigmoid flexure and rectum, colotomy first, and subsequently abdominal section performed.
...	...	1	...	...	...	...	...	Cause obscure. Treated first by passage of long rectal tube, secondly by puncture of intestines and enterotomy.
...	...	...	...	1	...	2	3	In non-fatal case rectum affected; transferred to surgical side. In fatal cases: cæcum affected in 2, in one of which there was recurrent ascites for which paracentesis was performed several times; transverse colon affected in 1, which case was complicated by hepatic and cerebral abscesses and right pleuritic effusion; sigmoid flexure affected in 2, in one of which abdominal section was performed, and in the other, in which the cæcum perforated, colotomy was performed.
...	1	...	...	...	...	...	...	Patient had suffered from tænia several years; cured by male fern.
12	2	1	...	...	...	1	2	Perityphlitic abscess in 4; treated by incision, 3 of which recovered, 1 proved fatal. In the other 2 fatal cases there was localised peritonitis in right iliac fossa, and in 1 abdominal section was performed. No P.M. in 1; in the others the appendix was found to be diseased.
...	...	...	...	...	...	3	...	Acute peritonitis in all. Abdominal section in 2 cases.
1	1	...	...	...	...	3	3	Of the cases cured: 1 treated by incision and drainage, 1 by abdominal ice-bags. Of the fatal cases: 4 treated by abdominal section, 1 by incisions and drainage. Perforation of gall-bladder found in 1; no cause discovered in the others.
1	...	4	2	...	...	2	...	Ascites in 3. 1 case successfully treated by abdominal incision. No P.M. in 1; in the other fatal case general peritoneal adhesions, tubercle in omentum, lungs, kidneys, spleen, &c.
...	...	...	...	...	...	1	...	Abscess limited to upper part of abdomen; no cause found.

TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Above 1 year	
VI. DISEASES OF THE DIGESTIVE ORGANS—continued.																					
3. Liver.																					
Cirrhosis . . . . .	26	10	16	1	...	...	1	8	9	6	1	3	3	8	7	2	3	...	...	...	
Malignant disease . . . . .	2	1	1	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	...	
Syphilitic disease . . . . .	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	
Biliary colic . . . . .	5	2	3	...	...	1	...	2	1	1	...	2	1	1	1	...	...	...	...	...	
Gall-stones . . . . .	1	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	
Catarrhal jaundice . . . . .	3	1	2	...	...	2	...	1	...	...	...	...	...	2	1	...	...	...	...	...	
Enlargement of liver . . . . .	3	1	2	...	...	1	...	...	1	1	...	...	...	1	1	1	...	...	...	...	
Hydatid of liver . . . . .	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	
4. Various.																					
Abdominal tumour . . . . .	13	6	7	...	1	2	2	3	2	1	2	2	6	1	1	2	1	...	...	...	
Ascites . . . . .	3	3	...	...	...	...	...	1	1	1	...	1	...	...	1	1	...	...	...	...	
VII. DISEASES OF THE GENITO-URINARY SYSTEM.																					
Acute nephritis . . . . .	33	17	16	4	5	5	8	8	2	1	...	2	5	15	9	2	...	...	...	...	
Chronic nephritis . . . . .	49	32	17	...	...	4	7	10	12	12	4	10	8	18	9	1	3	...	...	...	
Suppurative nephritis . . . . .	1	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	
Renal colic . . . . .	4	3	1	...	...	1	2	1	...	...	...	...	1	2	...	1	...	...	...	...	
Nephralgia . . . . .	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	
Hæmaturia . . . . .	5	3	2	...	...	1	3	...	...	...	1	1	2	...	1	1	...	...	...	...	

*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	6	13	...	1	4	2	Ascites in 17, in 14 of which paracentesis was performed; in 9 cases on one occasion, in 1 three times, in 1 four times, and in 3 six or more times. Alcoholic history in all the male cases and in 2 of the female cases. Hæmatemesis in 3, tubercular laryngitis in 1. Of the fatal cases: the liver was reduced in size in 2, enlarged in 2. Pneumonia in 2, hæmorrhages in the lungs in 1, gall-stones in 1.
...	...	1	...	...	...	...	1	No P.M. in fatal case.
...	...	...	...	...	...	...	1	Congenital syphilis. Child 6 weeks old.
2	3	...	...	...	...	...	...	Jaundice also in 4.
...	...	...	...	...	...	...	1	Diarrhœa. No disease except gall-stones found at the P.M.
1	2	...	...	...	...	...	...	
1	1	...	1	...	...	...	...	
1	...	...	...	...	...	...	...	Treated by abdominal section.
...	...	3	6	...	1	3	...	1 case of pancreatic cyst transferred to surgical side. Of the fatal cases: 2 malignant, in one of which the growth affected the left lung also, and frequent aspiration was performed for pleuritic effusion.
...	...	3	...	...	...	...	...	Paracentesis performed in all on more than one occasion. In 1 pleurisy with effusion also, for which aspiration was performed.
3	3	12	10	1	...	1	3	History of alcoholism in 3, of recent scarlatina in 2. In 2 cases mitral valvular disease, in 1 aortic. Of the fatal cases: recent endocarditis in 1, subperitoneal and intra-peritoneal hæmorrhage in 1.
...	...	17	8	1	...	14	9	History of alcoholism in 8. 4 of the male patients were painters. Of the fatal cases: contracted granular form in 7, large pale in 7, mixed form in 8; no P.M. in 1. In 1 calculi in kidney, in 1 recent endocarditis, in 4 mitral valvular disease, in 2 aortic valvular disease, in 1 pleuritic effusion, in 1 tubercle of pleura, in 1 cirrhosis of liver, in 1 gall-stones, in 1 ulcerative enteritis, in 3 ascites, in 1 partial hemiplegia, in 2 fits, in 1 gangrene of foot.
...	...	...	...	...	...	...	1	Secondary to cystitis. Left kidney absent.
1	1	2	...	...	...	...	...	Exploratory operation in 1; no calculi found.
...	...	1	...	...	...	...	...	
...	...	2	1	1	...	...	1	In fatal case P.M. negative.



TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year	
VII. DISEASES OF THE GENITO-URINARY SYSTEM— <i>continued.</i>																					
Thrombosis of renal arteries	1	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Malignant disease of kidney	2	1	1	...	1	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	
Pyonephrosis	4	...	4	...	...	...	1	1	2	...	...	...	...	1	2	1	...	...	...	...	
Hydronephrosis	2	...	2	...	...	1	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Tubercular disease of kidney	1	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	
Movable kidney	2	1	1	...	...	...	...	2	...	...	...	...	1	...	1	...	...	...	...	...	
Perinephritic abscess	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
Pyelitis	2	...	2	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	...	
Cystitis	2	1	1	...	1	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	
Malignant disease of bladder	1	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	
VIII. DISEASES OF THE NERVOUS SYSTEM.																					
Acute meningitis	5	4	1	3	...	1	...	...	1	...	...	3	...	...	2	...	...	...	...	...	
Tubercular meningitis	8	5	3	4	1	1	1	...	1	...	...	6	2	...	...	...	...	...	...	...	
Chronic meningitis	2	2	...	...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	
Hemiplegia	18	10	8	1	1	...	3	...	2	5	6	1	6	6	5	...	...	...	...	...	
Hemianæsthesia	1	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	
Cerebral hæmorrhage	5	5	...	...	...	...	...	1	2	...	2	5	...	...	...	...	...	...	...	...	
Cerebral embolism	2	2	...	...	...	1	...	...	...	...	1	...	1	...	...	1	...	...	...	...	
Cerebellar abscess	3	2	1	...	1	2	...	...	...	...	...	1	...	...	1	1	...	...	...	...	
Cerebral tumour	9	2	7	...	...	4	1	4	...	...	...	1	2	...	4	1	1	...	...	...	
Cerebral syphilis	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	
Headache	11	7	4	1	2	1	2	1	3	1	...	7	1	2	1	...	...	...	...	...	
Hydrocephalus	3	1	2	2	...	1	...	...	...	...	...	2	...	...	1	...	...	...	...	...	
Microcephalus	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	
Deaf-mutism	1	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Obscure cerebral disease	5	4	1	...	...	1	1	2	1	...	...	...	1	2	2	...	...	...	...	...	
Disseminated sclerosis	4	3	1	...	1	...	1	1	1	...	...	...	2	...	2	...	...	...	...	...	
General paralysis	5	5	...	...	...	1	4	...	...	...	...	1	2	1	1	...	...	...	...	...	

*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	...	...	1	1	General arterial disease; infarction of lungs; cerebellar hæmorrhage.
...	...	1	...	...	1	...	...	1 transferred to surgical side.
...	1	...	3	...	...	...	...	1 case successfully treated: first by aspiration, when 22 ounces of pus were removed, and second by lumbar incision and drainage.
...	...	...	2	...	...	...	...	
...	...	...	1	...	...	...	...	
...	...	1	1	...	...	...	...	
...	...	1	...	...	...	...	...	Localised empyema also. Treated by resection of rib.
...	...	...	2	...	...	...	...	
...	...	1	1	...	...	...	...	In male case secondary to stricture of urethra.
...	...	...	...	...	1	...	...	Growth involving neck of bladder.
1	...	...	2	...	1	1	1	3 secondary to ear disease. The case of recovery secondary to injury.
...	...	...	...	...	5	3	...	No P.M. in 1. General tuberculosis in 2, caseous bronchial glands in 2, tubercle in lungs in 3, in intestines in 1. Illness attributed to a fall in 2 cases.
...	...	...	1	...	1	...	...	
...	10	8	...	...	...	...	...	11 right, in 8 of which there was aphasia; 7 left, in 1 of which, a left-handed man, there was aphasia. Choreic movements in 1, a child.
...	...	1	...	...	...	...	...	
...	...	...	...	...	5	...	...	No P.M. in 1.
...	...	...	...	...	2	...	...	Aneurysm of heart in 1, valvular disease in 1.
...	...	...	...	...	2	1	...	All secondary to ear disease. In 1 trephining performed, with temporary benefit, but inflammation extended to the pons (see Special Abstracts).
...	...	5	...	...	2	2	...	
...	...	1	...	...	...	...	...	
7	3	...	1	...	...	...	...	Mitral valvular disease in 1.
...	...	...	1	...	...	2	...	1 acute, the others chronic.
...	...	...	1	...	...	...	...	
...	...	...	1	...	...	...	...	
...	4	1	...	...	...	...	...	
...	3	1	...	...	...	...	...	Transposition of viscera in 1.
...	5	...	...	...	...	...	...	History of alcoholism in 2.



*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	2	2	...	1	1	...	1	Fits and hyperpyrexia in fatal case, in which no P.M.
1	15	7	11	...	...	...	...	22 were cases of first attack, 9 of second, 2 of third, 1 of eighth. History of previous rheumatism in 11, and of rheumatism in parents in 6 more. Evidence of valvular disease in 18.
4	20	...	7	...	...	...	...	Paresis or paralysis of lower extremities in 5, paresis of arm or hand in 3, contracture in 1, vomiting in 4, thermometric eccen- tricitities in 2, fits in 2, torticollis in 2, aphonia in 1, rapid breathing in 2, neurasthenia in 3. 5 cases treated with benefit on the Weir-Mitchell principle.
...	2	6	2	...	1	1	...	Insanity in 1, optic atrophy in 1.
1	...	...	3	2	...	2	...	History of injury in 1 of the fatal cases.
1	...	1	1	...	...	...	...	
...	...	...	1	...	...	...	...	
...	...	...	...	...	...	...	1	Cervical and upper dorsal region of cord affected.
...	...	4	4	...	...	...	...	1 syphilitic, 2 secondary to vertebral caries.
...	...	...	1	...	...	...	...	
...	...	4	...	...	...	...	...	
3	...	2	1	...	...	...	...	
...	3	1	...	...	...	...	...	
...	...	1	...	...	...	...	...	
...	...	1	...	...	...	...	...	
...	...	1	...	...	...	...	...	Suspicion of growth in pelvis.
...	...	...	1	...	...	...	...	Right arm affected; spina bifida in this case.
1	...	1	2	...	...	...	...	2 secondary to influenza.
...	...	1	...	...	...	...	...	
...	...	3	4	...	...	...	1	No P.M. in fatal case. Double facial paralysis in 1 (see Special Abstracts).
2	...	...	...	...	...	...	1	P.M. negative in fatal case.
1	...	...	...	...	...	...	...	
12	...	...	...	...	...	...	...	6 painters, 2 potmen, 1 white lead worker. Colic in all; fits and slight palsy in 1.
...	...	...	...	...	...	1	...	Mitral valvular disease.
2	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	1	See Special Abstracts.
1	1	...	...	...	...	...	...	
1	...	...	...	...	...	...	...	
...	...	...	...	...	...	1	1	1 alcoholic.
1	...	...	...	...	...	...	...	







TABLE IV.—*Table of Mortality.*

DISEASE.	Total.		Age.										Mortality per cent.
	No. dis- charged.	No. died.	Under 5	-10	-20	-30	-40	-50	-60	-70	Above 70		
1. GENERAL DISEASES.													
Measles . . . . .	16	2	2	...	...	...	...	...	...	...	...	11	
Enteric fever . . . . .	35	3	...	...	1	2	...	...	...	...	...	7·8	
Cholera . . . . .	...	1	...	...	...	...	1	...	...	...	...		
Pyæmia . . . . .	...	2	...	...	...	...	1	...	1	...	...		
Erysipelas . . . . .	27	1	...	...	...	...	...	1	...	...	...	3·6	
Diphtheria . . . . .	84	62	50	10	...	...	...	2	...	...	...	42·5	
Diphtheritic paralysis . . . . .	3	1	...	1	...	...	...	...	...	...	...	25	
Acute rheumatism . . . . .	95	1	...	...	...	1	...	...	...	...	...	1	
Rickets . . . . .	7	1	1	...	...	...	...	...	...	...	...	12·5	
Myxœdema . . . . .	7	1	...	...	...	...	...	...	1	...	...	12·5	
Diabetes mellitus . . . . .	11	4	...	...	...	1	1	1	1	...	...	26·6	
Purpura . . . . .	6	1	...	...	1	...	...	...	...	...	...	14·2	
General tuberculosis . . . . .	...	3	2	1	...	...	...	...	...	...	...		
2. DISEASES OF THE RESPIRATORY SYSTEM.													
Syphilitic laryngitis . . . . .	...	1	...	...	...	...	1	...	...	...	...		
Papillomata of larynx . . . . .	1	1	1	...	...	...	...	...	...	...	...		
Angina Ludovici . . . . .	1	3	...	...	...	2	1	...	...	...	...		
Bronchitis . . . . .	82	11	3	...	...	...	...	2	3	1	2	11·6	
Emphysema . . . . .	1	2	...	...	...	...	...	1	1	...	...		
Broncho-pneumonia . . . . .	39	15	15	...	...	...	...	...	...	...	...	27·7	
Acute pneumonia . . . . .	72	17	1	...	1	1	4	6	...	3	1	19·1	
Phthisis . . . . .	44	20	3	1	3	2	4	4	1	2	...	31·2	
Pyopneumothorax . . . . .	...	1	...	...	...	1	...	...	...	...	...		
Pleurisy . . . . .	48	1	...	...	...	...	...	...	1	...	...	2	
Empyema . . . . .	14	8	4	1	...	...	2	1	...	...	...	36·4	
Abscess of lung . . . . .	...	1	1	...	...	...	...	...	...	...	...		
Gangrene of lung . . . . .	...	2	1	...	...	...	...	...	...	1	...		
Intra-thoracic tumour . . . . .	...	2	...	...	...	...	...	...	1	1	...		
3. DISEASES OF THE ORGANS OF CIRCULATION.													
Pericarditis . . . . .	10	7	...	3	2	...	1	1	...	...	...	41	
Adherent pericardium . . . . .	1	1	...	...	1	...	...	...	...	...	...		
Mitral valvular disease . . . . .	40	6	...	...	1	3	2	...	...	...	...	13	
Aortic valvular disease . . . . .	19	9	...	...	1	...	3	1	3	...	1	34·6	
Aortic and mitral valvular disease . . . . .	15	19	...	1	4	3	2	5	2	2	...	56	
Fatty heart . . . . .	...	1	...	...	...	...	...	1	...	...	...		
Thoracic aneurysm . . . . .	10	3	...	...	...	...	1	2	...	...	...	23	

TABLE IV—continued.

DISEASE.	Total.		Age.									Mortality per cent.
	No. dis- charged.	No. died.	Under 5	-10	-20	-30	-40	-50	-60	-70	Above 70	
4. DISEASES OF DUCTLESS GLANDS.												
Addison's disease . . . . .	...	1	...	...	1	...	...	...	...	...	...	
5. DISEASES OF THE DIGESTIVE ORGANS.												
Cancerum oris . . . . .	1	1	1	...	...	...	...	...	...	...	...	
Stricture of œsophagus . . . . .	4	4	...	...	...	...	2	1	...	1	50	
Gastric ulcer . . . . .	19	2	...	...	...	1	...	1	...	...	9.5	
Malignant disease of stomach . . . . .	6	4	...	...	...	...	...	3	1	...	40	
Duodenal ulcer . . . . .	...	1	...	...	...	...	1	...	...	...		
Diarrhœa . . . . .	39	16	16	...	...	...	...	...	...	...	29	
Chronic dysentery . . . . .	2	2	...	...	...	1	...	1	...	...	50	
Constipation . . . . .	14	1	...	...	...	...	1	...	...	...	6.6	
Internal strangulation . . . . .	1	2	1	...	...	1	...	...	...	...		
Strangulated hernia . . . . .	1	1	...	...	...	...	...	...	...	1		
Intussusception . . . . .	2	3	3	...	...	...	...	...	...	...		
Acute obstruction . . . . .	1	3	...	...	...	...	1	...	1	1		
Malignant disease of intestines . . . . .	1	5	...	...	...	...	2	...	1	2		
Perityphlitis . . . . .	15	3	...	...	...	...	1	...	1	1	16.6	
Perforation of appendix . . . . .	...	3	...	2	1	...	...	...	...	...		
Acute peritonitis . . . . .	2	6	1	2	1	...	...	...	1	1		
Tubercular peritonitis . . . . .	7	2	...	...	2	...	...	...	...	...		
Peritoneal abscess . . . . .	...	1	...	...	...	...	1	...	...	...		
Cirrhosis of the liver . . . . .	20	6	1	...	...	...	...	1	3	1	23	
Syphilis of liver . . . . .	...	1	1	...	...	...	...	...	...	...		
Malignant disease of the liver . . . . .	1	1	...	...	...	...	...	...	1	...		
Gall-stones . . . . .	...	1	...	...	...	...	...	...	1	...		
Abdominal tumour . . . . .	10	3	...	...	1	1	...	...	...	1	23	
6. DISEASES OF THE GENITO-URINARY SYSTEM.												
Acute nephritis . . . . .	29	4	1	...	...	1	1	1	...	...	12	
Chronic nephritis . . . . .	26	23	...	...	4	4	5	3	5	...	2	46
Suppurative nephritis . . . . .	...	1	...	...	...	...	1	...	...	...		
Hæmaturia . . . . .	4	1	...	...	...	1	...	...	...	...	20	
Malignant disease of bladder . . . . .	...	1	...	...	...	...	...	...	...	1		
Thrombosis of renal arteries . . . . .	...	1	...	...	1	...	...	...	...	...		
7. DISEASES OF THE NERVOUS SYSTEM.												
Acute meningitis . . . . .	3	2	...	...	1	...	...	1	...	...	40	
Tubercular meningitis . . . . .	...	8	4	1	1	1	...	...	1	...		
Chronic meningitis . . . . .	1	1	...	...	...	...	...	...	...	1		
Cerebral hæmorrhage . . . . .	...	5	...	...	...	...	1	2	...	2		
„ embolism . . . . .	...	2	...	...	...	1	...	...	...	1		
„ tumour . . . . .	5	4	...	...	...	1	1	2	...	...	44	

TABLE IV—*continued.*

DISEASE.	Total.		Age.								Mortality per cent.	
	No. dis- charged.	No. died.	Under 5	10	20	30	40	50	60	70		Above 70
7. DISEASES OF THE NERVOUS SYSTEM—continued.												
Cerebellar abscess . . . . .	...	3	...	1	2	...	...	...	...	...	...	...
Hydrocephalus . . . . .	1	2	2	...	...	...	...	...	...	...	...	...
Mental disorder . . . . .	6	1	...	...	...	...	1	...	...	...	...	...
Epilepsy . . . . .	11	1	...	...	...	...	1	...	...	...	...	8.3
Infantile convulsions . . . . .	6	2	2	...	...	...	...	...	...	...	...	25
Acute myelitis . . . . .	...	1	...	1	...	...	...	...	...	...	...	...
8. POISONING.												
Alcohol . . . . .	10	2	...	...	1	1	...	...	...	...	...	16.6
Strychnine . . . . .	...	1	...	1	...	...	...	...	...	...	...	...
Opium . . . . .	...	1	...	...	...	1	...	...	...	...	...	...
Hydrochloric acid . . . . .	...	2	...	...	...	...	1	1	...	...	...	...
9. SURGICAL AND MISCELLANEOUS.												
Marasmus . . . . .	4	4	4	...	...	...	...	...	...	...	...	...
Immersion . . . . .	2	1	...	...	...	...	...	...	...	...	1	...
Disease of ear . . . . .	8	1	...	...	...	1	...	...	...	...	...	...
Various . . . . .	17	1	1	...	...	...	...	...	...	...	...	...
10. DISEASES OF THE FEMALE GENERATIVE ORGANS.												
Ovarian tumour . . . . .	2	2	...	...	...	...	1	1	...	...	...	...

TABLE V.—*Cases of Infectious Diseases originating in the Hospital.*

Sex.	Age.	Disease for which admitted.	Disease originating in hospital.	Date of attack.	Duration of previous residence in hospital.	Result.	Remarks.
M.	5	Pneumonia	Measles	Jan 11	6 days	C. Jan. 29	From Arthur Ward.
M.	3	Fractured radius	"	Feb. 6	5 weeks	C. Feb. 19	From Victoria Ward.
M.	2½	Cervical abscess	"	Feb. 6	4 "	R. Feb. 12	Ditto.
M.	2½	Abscess of thigh	"	Feb. 19	3 months	D. Feb. 23	Ditto.
M.	2	Burn	"	Mar. 2	15 days	C. Mar. 17	Ditto.
M.	5	Necrosis of tibia	"	Mar. 2	14 "	C. Mar. 17	Ditto.
F.	3	Cervical caries	"	Mar. 2	3 weeks	D. Mar. 6	Ditto.
F.	3½	Hip disease	"	Mar. 2	4 "	C. Mar. 24	Ditto.
M.	7½	Harelip	"	Mar. 9	4 "	C. Mar. 24	From Alexandra Ward.
F.	12	Hip disease	"	Mar. 10	2 days	C. Mar. 24	From Elizabeth Ward.
M.	26	Fistula in ano	"	April 18	23 "	C. May 14	From Edward Ward.
M.	9	Dislocation of hip	"	April 24	12 "	C. May 12	From Albert Ward.
M.	5	—	"	May 3	Onset day of admission	C. May 12	From Victoria Ward.
M.	5	Spinal curvature	"	May 10	"	D. May 17	From Arthur Ward.
M.	2	Scald	"	May 18	"	C. May 31	From Victoria Ward.
F.	4½	Cerebral disease	Scarlet fever	Feb. 29	4 days	C. Mar. 24	From Elizabeth Ward.
F.	1½	Scald	"	Mar. 3	7 "	R. Mar. 21	Ditto.
F.	21	—	"	April 2	"	C. May 9	Nurse on the extra staff.
F.	24	—	"	April 3	—	C. May 9	Ditto.
M.	24	—	"	April 4	—	C. May 6	House Physician.
M.	6	Lupus	"	April 4	7 days	C. May 14	From Arthur Ward. <sup>1</sup>
M.	16	Chronic pneumonia	"	April 5	—	C. May 30	Ditto.
M.	17	—	"	April 11	13 days	C. May 18	From George Ward.
F.	28	—	"	April 22	—	C. May 18	Probationer.
M.	1½	Talipes	"	June 27	9 weeks	C. July 8	From Victoria Ward.
M.	4	Disease of ankle	"	July 3	10 days	C. Aug. 10	From Clayton Ward.
M.	4	Disease of shoulder	"	July 20	14 "	C. Sept. 3	Ditto.
F.	26	Burn	"	Sept. 8	4 "	R. Sept. 21	Ditto.
F.	26	—	Enteric fever	June 10	—	C. July 29	Probationer.

<sup>1</sup> This patient when in the hospital during the previous year contracted measles.



## SPECIAL ABSTRACTS.

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### I. ENTERIC FEVER.

#### *Fatal cases.*

#### 1. DEATH FROM PERFORATION ON ELEVENTH DAY OF ILLNESS.

A. R—, æt. 16, shop-boy, admitted October 20th; died October 27th, 1892.

On October 16th he felt ill, but continued at work as shop-boy at a coffee-house until the 19th, on which morning, as he was unable to get up, he was turned away from his employment. On the following night he slept in a common lodging-house, and was brought to the hospital in a very weak condition next day. From the commencement of the illness he had frequent vomiting after food and diarrhoea.

*On admission.*—His tongue was slightly furred and dry. Two motions were passed within six hours of admission—liquid, yellow in colour, and containing flaky particles. Beyond a certain amount of tenderness, slightly more marked in the cæcal region than elsewhere, there was nothing abnormal detected on examination of the abdomen. Urine normal. Thoracic organs normal. Pulse full and regular, 108. Temp. 102°.

*Progress.*—The patient continued to suffer from looseness of the bowels, but was only once sick, and that slightly. On the 23rd it was noted that the abdomen was tender and a little more distended than on admission. On the 24th he complained of abdominal pain, and the bowels were moved six times. On the 25th there was tenderness all over the abdomen and the face and neck were covered with perspiration, but there was no increase in the frequency of the pulse or respiration and no rise in temperature.

On the 26th pain was still complained of all over the abdomen. The bowels were still moved every few hours. On the evening of the same day it was noted that the abdomen was distended, moved little with respiration, and was very tender. Next morning he vomited twice, soon after which he died.

The temperature as a rule varied between 101° and 103°. On three occasions it reached 104°. The lowest temperature noted was at midnight, October 25th, when it was 99°.

The pulse-rate varied between 112 and 120 until the 26th, when it rose to 128 and then to 144. A few spots were noted on the 21st on the scapular region.

The patient continued to take food well until the end.

*Post-mortem examination*.—The peritoneal cavity contained nearly two pints of yellowish thick offensive fluid. There was extreme injection of the whole peritoneum, without very much lymph upon the intestines except upon the pelvic coils. The solitary follicles and parts of many of the Peyer's patches in the ileum showed grey swelling and partial necrosis and ulceration, while there were a few fully-formed, hanging-edged, clean-floored ulcers. In two of the ulcers the floor was formed only by the peritoneum, and in one, situated six inches from the valve, there was a pin-hole perforation. The cæcum and colon were normal. The mesenteric glands were enlarged, pink, and soft. The spleen was large, dark red, and soft. The liver was large, and both it and the kidneys were hyperæmic. The larynx and other organs were normal.

## 2. DEATH FROM PERFORATION.

S. H. G—, æt. 24, admitted December 24th; died December 27th.

The notes of the case were very incomplete. He had been ill some days, and on admission the abdomen was uniformly much distended and tender on pressure. The tongue was thickly coated with moist fur. The pulse was 80, small, compressible. The temperature was subnormal while observed in the hospital. The bowels were very loose.

*Post-mortem examination*.—There was a perforation in the ileum, a foot from the valve, large enough to admit a farthing. A little lower in the intestine was a longitudinal sloughing ulcer. In the abdominal cavity there was some faecal matter.

## 3. DIARRHŒA; TYMPANITES; DEATH ON SIXTEENTH DAY.

J. T. M—, æt. 24, female, admitted September 27th; died October 7th.

On September 21st the illness commenced with vomiting, diarrhœa, and headache.

*On admission*.—The abdomen was slightly distended and tender all over, but without localised pain. Around the umbilicus there were about ten small pinkish lenticular spots, disappearing on pressure. The tongue was coated with white fur on the dorsum. No enlargement of spleen was detected. The pulse was 116. Temp. 101.2°.

*Progress*.—The patient became delirious on October 1st. Diarrhœa, from which she continued to suffer, became excessive on October 3rd. On October 4th the abdomen became distended, and the pulse-rate increased in frequency to 142. The temperature on the whole was high, rising to 105° on the 6th and to 105.4° on the 7th.

*Post-mortem examination*.—The body was thickly covered with fat. The intestines appeared normal until within a foot or so of the cæcum, then the Peyer's patches were markedly swollen but not ulcerated. Ulcerative change did not occur until within six inches of the valve; in this region the ulcers were

numerous and extensive, over the valve becoming coalescent. In every case a yellow slough was adherent to the ulcer. There was no change in the large intestine. The mesenteric glands were greatly enlarged. The spleen was large and soft. The kidneys were normal. The lungs were œdematous.

## II. PYÆMIA.

### *Fatal Case.*

W. K—, æt. 52, admitted August 13th; died August 21st.

On August 10th the patient was suddenly seized with sickness and diarrhœa and pains in the back and chest. Previously he had been quite well.

When admitted he was feeble and emaciated. He had a rigor after having a bath, and his temperature rose to 105·6°. His pulse was 150, weak and irregular. The bowels were moved three times within a few hours. The tongue was dry and brown. There were sordes on the teeth. The urine contained one eighth albumen. There were no signs of disease in the chest or abdomen.

On August 18th it was noted that the patient was restless and wandered a good deal at times. His face was very much flushed. There was an inflammatory swelling over the right elbow-joint on the extensor surface, and another over the inner side of the tibia somewhat adherent to that bone, and one along the inner surface of the left great toe. There was fluid in the right knee-joint, none in the left knee or other joint. The patient was very restless on the 19th. On the 20th he was in a state of profound coma, in which he remained until death.

He had no more rigors after that on the 14th. His temperature varied between 101·8° and 104·2°.

*Post-mortem examination.*—There was an inflammatory induration on the inner side of the right shin, and a large collapsed bleb over the inner side of the left big toe. The right knee-joint contained much thick yellow pus without any appearance of antecedent disease of the synovial membrane or cartilage. The tissues around the right elbow were œdematous, but the joint was healthy. There were a few subpleural and subperitoneal hæmorrhages, but no inflammation of these structures. The spleen was large and soft. The kidneys were full of blood. The other organs were normal.

## III. MYXŒDEMA.

### *Fatal Case.*

M. M—, æt. 66, admitted July 18th; died July 19th.

She was a pale, rather waxy-looking old woman with dilated capillaries on the cheeks, and complained of swelling of the abdomen and shortness of breath. The body was bulky.

Five years previously her teeth had got loose and some of them came out. Her speech became affected about four years ago. Three years ago her hair partially came out. Her memory for recent events was very deficient. Within the last two years she had got very irritable. She had had dropsy for three years, but it did not cause her any inconvenience until two months ago. Her skin for some time past was always dry.

The abdomen was greatly distended with fluid, and there was considerable anasarca of both the legs and feet. The skin of the arms, legs, and body was harsh, and in most parts scaly but not actually cracked. No moisture. The hair in axillæ and on pubes nearly absent; very scanty on scalp.

The temperature was taken on five occasions, and varied between  $95^{\circ}$  and  $95.8^{\circ}$ .

*Post-mortem examination*.—Much subcutaneous fat, for the most part of ordinary appearance, but in some places, especially in the lateral aspect of thorax, œdematous. There were several pints of ordinary serous fluid in the abdomen, a few ounces in each pleural cavity, and a small quantity in the pericardium. The thyroid gland was a little reduced in size, pale yellow, firm, fibrous in section. The tongue was large, but not otherwise affected. Uvula not large, but translucent and œdematous-looking. Palate and fauces normal. The left ventricle of the heart was much hypertrophied. The kidneys were rather pale, capsule slightly adherent and surface a little irregular.

#### IV. DISEASES OF THE RESPIRATORY ORGANS.

##### *Selected cases.*

##### 1. FOREIGN BODY (CLOVE) IN RIGHT BRONCHUS; BRONCHOPNEUMONIA; ABSCESES OF LUNG.

H. G—, æt. 3 years and 10 months, admitted December 3rd; died December 7th.

The child was attacked with vomiting about fourteen days before admission. The vomiting occurred three or four times. He became restless, feverish, and thirsty, and lost appetite. He died the night before admission.

All over the right lung posteriorly there was impaired resonance, and in the upper part there were crepitations, bronchial breathing, and bronchophony. Over a small area opposite the spine of the scapula the tubular breathing was much exaggerated. Voice sounds were heard with somewhat exaggerated distinctness to the base.

On December 4th, on introducing a hypodermic needle into the lung opposite the spine of the scapula, about a drachm of sweet thin pus was withdrawn. The eighth rib was then resected at its angle, and exploratory punctures were made with a trocar and cannula. About an ounce of pus was withdrawn. Subsequently the wound was dressed several times, and on each occasion an ounce or two of pus was on the dressings.

*Post-mortem examination*.—The larynx, trachea, and main bronchi were all much injected, and lined with pink muco-purulent secretion. Immediately



below the division of the right bronchus in the main tube to the lower lobe was embedded the greater part of a clove, swollen and softened. It lay in the floor of an ulcer, and was gently held so that a little force was necessary to extract it. The whole of the lower lobe of the right lung was solid and airless, the consolidation being originally of a broncho-pneumonic lobular distribution. It was studded throughout with small cavities for the most part of the size of a barley-corn, but these had in many places fused, especially in the upper part of the lobe, into which a drainage-tube penetrated for two inches in an upward direction. The whole lobe had the odour of necrosing lung tissue.

The rest of the lungs showed nothing abnormal except the presence of reddish pus in the bronchial tubes of the left.

There were recent though tough adhesions immediately round the operation wound, and over a small surface of the attachment of the diaphragm to the lateral chest-wall.

## 2. MEDIASTINAL TUMOUR.

M. G—, female, æt. 52, admitted January 11th; died January 30th.

The illness commenced about the end of October, 1891, with shortness of breath and cough, the expectoration being tinged with blood. About two years previously the patient had brought up about a cupful of blood without any warning, and occasionally since then there had been streaks of blood in the sputum.

*On admission.*—Dyspnœa severe. Lips somewhat livid. The right side of the chest hardly moved on respiration, and the costal angle on that side was slightly more obtuse than on the other. Over the right lung in front there was absolute dulness, with bronchial breathing, exaggerated breath-sounds, pectoriloquy, and slightly diminished fremitus. Behind there was absolute dulness, bronchial breathing, and pectoriloquy over the whole lung. On the left side there was bronchial breathing at the apex posteriorly, but otherwise the signs were normal. The spleen and liver could both be felt projecting slightly below the ribs.

The only change which occurred while the patient was under observation was the development of a brassy clanging cough and inspiratory stridor. The stridor increased until death.

*Post-mortem examination.*—The right pleura was adherent all over. The bronchial glands of the right lung and the glands in the posterior mediastinum were infiltrated with very soft white new growth. The growth extended from the root into the right lung, which in addition showed much broncho-pneumonia with condensation from overgrowth of connective tissue. New growth was seen on the mucous membrane of the anterior wall of the trachea. There were raised masses in the first two inches of the right bronchus, the lumen of which was much narrowed. The first inch of the left bronchus was affected in the same way, but to a less extent. The main mass of growth was firmly united to the lower end of the trachea and upper part of bronchi. Both vagi ran through the mediastinal growth. The vocal cords were in the usual cadaveric position. No atrophy of or change in the muscles of the larynx. No obstruction or involvement of œsophagus. The growth behind rested against the third and fourth



dorsal vertebræ, to which it was adherent. A small piece passed through into the spinal canal, and lay alongside the dura mater on the left side. The spinal sheath was not involved. There were secondary growths in the right lung, in the mesenteric glands, and in the right ovary.

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## V. DISEASES OF THE ORGANS OF CIRCULATION.

### 1. ACUTE HÆMORRHAGIC PERICARDITIS.

G. R—, æt. 16, printer, admitted June 1st, 1892; died June 17th, 1892.

He came to the hospital on account of shortness of breath, pain over the heart, and general sense of illness. He had been ailing for about nine weeks, but on May 21st he was attacked with pain, shivering, vomiting, headache, and pains in the limbs. About a year previously his right knee was swollen and tender, and soon afterwards he began to get short of breath on exertion and became easily tired. He had had no other illnesses except an indefinite form of fever some two years previously.

*On admission* it was noted that the boy was badly nourished and of poor physique, with badly-formed chest, the result of old rickets. The temperature was 100°, the pulse-rate 96. The cardiac dulness began at the lower border of the third costal cartilage, and extended nearly to the right edge of the sternum. The impulse, although somewhat diffuse, was best seen and felt in the fifth interspace in the nipple line. There was slight retraction of the intercostal spaces over the upper part of the præcordial area, synchronous with the pushing out of the chest-wall at the apex. In the latter position there was to be heard a loud blowing systolic murmur conducted into the axilla and audible at the scapular angle. At the left base the second sound was extremely loud and reduplicated, while over the right base the second sound was normal.

The liver was slightly enlarged, and the urine contained some albumen and pus. There were no signs of disease in the other organs.

Pericardial friction was distinctly audible on the day after admission, and remained so till the end.

The temperature was never very high, only on one occasion reaching 103°. The pulse-rate varied between 100 and 110 until the last few days, when it increased to 128 or 130. The respiration rate became much more rapid towards the end.

*Post-mortem examination.*—There were a few ounces of fluid in each pleural cavity. The pericardial sac was much distended with blood-stained fluid, and was adherent laterally by recent lymph to the lungs. Both layers of the pericardium were covered all over with thick, shaggy, rusty-looking lymph. The substance of the heart was obscure and rather pale. A fringe of pale vegetations dotted the ventricular aspect of the aortic curtains, but there was no old thickening. The left ventricle was rather dilated, with some thickening of the endocardium on the posterior wall. The mitral valve was a little narrowed,

and its edge was thickened and fibrous and fringed with a few pale vegetations. The endocardium of the auricle was much thickened. The right ventricle was dilated. Chronic congestion affected the lungs, liver, spleen, and kidneys.

## 2. THORACIC ANEURYSM; RUPTURE INTO ŒSOPHAGUS.

R. R—, æt. 32, carman, admitted May 6th, 1892; died May 8th, 1892.

The man was brought to the hospital in a state of collapse, having recently coughed up about a quart of blood. There was no history of any previous blood-spitting. With the exception of cough for two months there was no history of any illness. No more blood was brought up after admission. No abnormal physical signs were discovered on examination.

*Post-mortem examination.*—In the descending part of the aortic arch, just beyond the origin of the left subclavian artery, there was a saccular aneurysm (with a wide communication with the aorta) about the size of a hen's egg. This bulged backwards, and was adherent to the œsophagus in front and to the vertebræ behind. The sac contained some brownish red fairly tough coagulum. There was a rent in the œsophagus half an inch long, opening into the sac, and plugged by a recent clot six inches from the upper end of the gullet. The thoracic and abdominal aorta was thickened and a little dilated, and there were scattered raised patches of atheroma. The stomach was full of clot. The various other organs were normal.

## 3. ABDOMINAL ANEURYSM.

(i) G. G—, æt. 30, house decorator, formerly soldier, admitted March 26th; discharged April 5th; died at home April 29th.

The patient came to the hospital on account of swelling and pain in the umbilical region. Pain first began to trouble him in the back about three years previously, coming at intervals between which he was well; while it lasted it was very severe, worse at night and in the recumbent position. For twelve months the pain had been more or less continuous. For three months he had noticed an abdominal swelling. He had been losing flesh since the onset of the illness. With the exception of malaria when in India eight years previously there was no history of any illness except bronchitis in 1881.

In the epigastric region there was a swelling deep in the abdominal wall, the centre of which was a little to the right of the middle line. It was dull on percussion, and gave no thrill. Its lower edge could be felt about an inch above the umbilicus. Pulsation was perceptible over the whole tumour from three and a half inches to the right to two and a half inches to the left of the mid-line. There was considerable lateral expansion.

There was no enlargement of the liver or spleen. No free fluid. The urine was normal. No sign of disease in the thorax.

No change took place in the patient's condition while in the hospital. On April 2nd a needle was introduced just below and to the left of the xiphoid cartilage, but as it was very rigidly held no scratching could be carried out. On April 4th and 5th he complained of great pain in the back, and on the latter day he left the hospital.

After leaving the hospital he continued to suffer intense pain in the back, relieved to some extent by standing upright. He rapidly emaciated, and suffered much from vomiting. On April 29th he died suddenly on attempting to get out of bed.

*Post-mortem examination.*—There was found a globular aneurysm about four inches in diameter, which sprang from the front of the abdominal aorta and represented the original cœliac axis. It was sessile, and opened into the aorta by a circular aperture three quarters of an inch in diameter. It was lined with a thin layer of white clot, and showed no marks of previous needling. The whole aorta was very atheromatous. The bodies of three of the vertebræ were considerably eroded, and a little leakage of blood had occurred into the abdominal cavity. Death had arisen from rupture into the lesser sac of the peritoneum, which was found to contain a gigantic soft dark blood-clot seven inches long by four inches deep and broad, over which the stomach was thinned out with its walls in close contact.

The liver, spleen, and kidneys were normal.

(ii) G. H—, æt. 34, paperhanger, admitted July 7th; discharged July 20th.

The patient complained of pain in the chest, of sleeplessness, of shortness of breath, and of languor. His illness dated back about two years. In October, 1890, he began to suffer from abdominal pain, and was treated for lead colic with temporary relief to his symptoms. In a short time a dull throbbing pain returned, and became localised about an inch below and to the left of the umbilicus, shooting through to the back. In March, 1891, the pain became worse, and on consulting a doctor the patient was told that he had an aneurysm. He was admitted to Guy's Hospital April, 1891. On examination it was found that there was increased resistance in the left hypochondriac region, and distinct pulsation could be felt on pressing the fingers deeply in this region, but no definite tumour could be made out. In the same situation a soft blowing systolic murmur could be heard.

*On admission* here it was noted that the patient was thin and darkly complexioned. The abdominal walls were rather rigid. The epigastric region to about one inch above the umbilicus was tender to pressure and resistant and dull on percussion. Slight pulsation was to be felt over the middle of the same area. No sign of disease was found elsewhere in the body.

While the patient remained in the hospital he suffered considerably from pain and cough on lying down, only relieved by sitting up.

Shortly after leaving the hospital the patient was admitted to Guy's, where he died. He was found to have a large sacculated aneurysm, filled with organised clot, about the size of a cocoa-nut, just above the left renal artery. The heart was dilated and hypertrophied on the right side.

## VI. DISEASES OF THE DUCTLESS GLANDS.

## ADDISON'S DISEASE.

J. H—, messenger, æt. 14, admitted November 21st; died November 25th.

The patient was brought to the hospital on account of attacks of vomiting, from which he had been suffering for four months. For the last seven weeks he had been out of health. On examination nothing was discovered which revealed the nature of the disease.

On November 24th it was noted that the boy was more languid than usual, and he was restless during all the next night. On the afternoon of the 25th he groaned, complained of pain in the abdomen, turned over on his side, and died quietly.

*Post-mortem examination.*—A little bronzing was noted on the forehead and just above each patella, and the axillæ were also a little more pigmented than usual. There were faint patches of pigmentation on the dorsum of the tongue near the tip, and on the mucous membrane of the upper lip on the right side. Both supra-renals were much enlarged, but preserved their natural shape. On section the normal structure was replaced by fibrous tissue in which caseous masses were embedded. There were some caseous glands about the head of the pancreas, but none elsewhere in the body. The solitary and agminated glands of the intestine were very prominent. The various other organs were normal.

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## VII. DISEASES OF THE DIGESTIVE ORGANS.

## GASTRIC ULCER.

*Fatal Case.*

R. T—, æt. 22, admitted June 29th; died July 1st.

On June 25th the patient was seized with sudden severe pain in the upper part of the abdomen, and became collapsed. Previously she had been quite well. Since then she vomited frequently, and in spite of enemata the bowels did not act. The amount of urine passed was much diminished. The catamenia had commenced before the attack, when they ceased, but had again appeared. The patient had had a similar attack two and a half years before.

She was a pallid woman with sunken eyes, which were surrounded by dark rings. The abdomen was greatly and uniformly distended, the liver dulness being almost obliterated, there being only some impaired resonance about the level of the fifth rib. There was no great tenderness to palpation. No dulness in the flanks. No visible peristalsis. The upper part of the abdominal wall was œdematous and hard, while the lower part was free from œdema and softer.



The pulse was 144 and thready, the temperature 100°. The tongue was moist but slightly coated.

The patient was frequently sick for the first twelve hours after admission. The vomit was dark green and not stercoraceous.

Early in the morning of July 1st the patient suffered severe pain, and said she felt something give way inside the abdomen in two places. After this she rapidly sank.

*Post-mortem examination.*—About two pints of pus were contained in the peritoneal cavity. There was general recent peritonitis, all the coils of the small intestine being glued together by recent lymph. There were some fibrous bands, the remains of former inflammation, passing between the stomach and under surface of liver. The stomach was empty. A perforation was found on the anterior surface near the greater curvature, midway between the two orifices. In the neighbourhood there was a good deal of lymph. The ulcer as observed from the inner surface was about three quarters of an inch in diameter, and had thickened and sloping edges. No other disease in the body.

## VIII. DISEASES OF THE NERVOUS SYSTEM.

### CASES OF CEREBELLAR ABSCESS.

(i) W. P. B—, æt. 14, admitted June 3rd; died June 4th.

For fourteen days before admission the patient had complained of pain in his head. For two days he had been drowsy, and had cried out at short intervals.

He had had a discharge from both ears since the age of six, when he had scarlet fever. For the last fourteen days the discharge from the left ear had ceased.

The boy was very thin; only semi-conscious, and could only just answer his name. He frequently cried out, often saying "Oh my head!" On examination both membrana tympani were found to be perforated, and there were granulations in the tympanum. The pupils were normal. There was paresis of the left side of the mouth. *Tache cérébrale* well marked. Pulse 50, a little irregular. The knee-jerks were equal and normal.

The boy was very noisy all night, and died next morning.

*Post-mortem examination.*—The dura mater over the posterior portion of the left petrous bone was blackened and perforated. Around the perforation it was adherent to the left cerebellar lobe, which was almost wholly replaced by a large abscess containing foul greenish pus. There was considerable excess of fluid in the lateral ventricles, both of whose posterior cornua were dilated and rounded. There was also excess of fluid in the other cavities of the brain. There was no sign of meningitis at the base, and none of tubercle. No other abscess. The bone over the posterior and external portion of the left petrous ridge was found when the dura was detached to be carious. There was pus in the left tympanum,

(ii) R. N—, æt. 6, admitted September 17th, 1891; died January 24th, 1892.

Two weeks previously she began to complain of pain in the right ear. On



September 13th she had an attack of shivering, followed by sickness. Since then she frequently vomited, suffered from headache and giddiness, was very restless and thirsty, and was unable to sleep.

Two years before she had had measles, since which she had been somewhat deaf. She never had a discharge from either ear.

She had a somewhat drawn expression, and lay with her hands to her head, crying out if it was touched. On sitting up she got giddy, and fell over to the left side. She stood with body slightly bent forward, head a little back, and neck stiff, and staggered when unsupported. There was no sign of paralysis of any of the cranial nerves. The pulse was irregular. Both membrana tympani were perforated, but there was no discharge from the ears.

Her appetite was bad, and there was great difficulty in getting her to take food.

*Progress.*—The most constant symptom during the four months the child lived in the hospital was vomiting. At times she was drowsy and apathetic, but intervals in which she was bright and lively intervened. On October 27th it was noted that there was well-marked optic neuritis, but early signs of this were observed on admission. By the end of December the child had become quite blind. On November 12th she had a fit. Fits occurred on December 13th and 29th, January 2nd, 3rd, 4th, 8th, and 16th. The fit on January 3rd only lasted a few minutes; it commenced with a moaning cry. The head was strongly retracted, the eyes turned to the right. Both arms were rigidly stretched out in front of the body. The legs and thighs were flexed. After the fit the head remained in a retracted position.

The temperature throughout was subnormal.

*Post-mortem examination.*—The sinuses contained soft non-adherent clot and fluid blood. The convex surface of the brain was pale, dry, and sticky-looking, but there was no lymph. The right cerebellar lobe was somewhat adherent to the outer part of the petrous bone near its junction with the squamosa. At this spot the dura mater had disappeared, and there was a small area of bare bone with some loose fragments, the affected area not exceeding in size that of a sixpence. The lobe was enlarged, pale, and soft, and on making an incision about half an ounce of greenish yellow, non-odorous pus escaped. In the outer third of the lobe there was an abscess-cavity with very well-defined walls, separated from the surface by fairly normal white matter. There were old adhesions between the medulla and the cerebellum, blocking up the foramen of Majendie and the left lateral foramen. The right was patent. The lateral ventricles were much dilated, and contained much clear fluid. The veins over the central nuclei were injected. There was soft reddish material in the right middle ear, the membrana and ossicles were not made out. No disease of mastoid cells. No spinal meningitis. Early caseation of one bronchial gland. No other sign of tubercle.

## IX. POISONING.

## 1. ALCOHOLISM.

*Fatal case.*

A. W—, female, æt. 34, admitted June 16th; died July 5th.

The patient had been ailing for about twelve months, suffering from loss of appetite and frequent morning sickness. For about two months she had complained of aching pains all over her, particularly in the chest, abdomen, and legs. She had also tingling and loss of power in the legs. Her feet felt to her very cold and heavy. The history of alcoholism was admitted, port wine and brandy being her principal stimulants.

She was well nourished and fairly healthy looking. Her face twitched when she talked. There was considerable muscular tenderness in the legs. The calves were soft and flabby, as if wasted. The knee-jerks were very brisk, and the plantar reflexes excessive. The patient stated that she was unable to protrude the tongue on account of some tightness in the throat, and that she had been unable to take solid food for the last four months. There was a large patch of eczema on each arm which had been there for about four months. She was partially blind. The urine contained no albumen. There were no signs of disease in the chest or abdomen.

The patient was delirious, talked incoherently, saw various imaginary animals and other objects, and sometimes screamed out. She was very restless and wakeful. Her condition did not alter very much. Her busy delirium continued. At intervals she made facial contortions, in which the mouth was chiefly affected, the lips being drawn back and the teeth exposed. The knee-jerks were noted absent on July 1st.

*Post-mortem examination.*—The liver was fatty; the kidneys showed recent congestion; the mucous membrane of the bladder was acutely congested; there was some thickening of the arachnoid with excess of fluid in the brain. Otherwise the appearances were negative.

## 2. STRYCHNINE POISONING.

E. S—, female, æt. 18, admitted and died April 12th.

This was one of a series of poisonings by strychnine perpetrated by a man called Thomas Neill Cream, who was convicted and hanged.

The woman and a female friend dined on tinned salmon about 7 p.m., and subsequently Cream gave them three long narrow pills. About 2 a.m. the screams of the women roused the house. One of the two women died on the way to the hospital. S— was perfectly conscious, but was having convulsions every four or five minutes. The attacks consisted of rigidity of back with opisthotonos and rigidity of limbs, the arms being flexed, the legs and feet extended. The rigidity was very marked during the whole of the attacks, which usually lasted from sixty to ninety seconds. Towards the end of the attacks spasmodic movements some-

times set in. The pupils were equal, neither dilated nor contracted, and reacted to light. In one or two of the attacks the patient became greatly cyanosed, and had the appearance of impending death. Mustard and water had been given before admission, but had not produced vomiting. Forty grains of sulphate of zinc having had no effect, the stomach was washed out three or four times with warm water, and charcoal was given afterwards. The attacks, however, continued at intervals, the patient being quite rational between them and only complaining of stiffness of the legs and dryness of the throat. External stimuli such as change of position, attempt to drink, or even the noise of pouring fluid into a glass, excited fresh attacks, ushered in by a loud cry.

Chloroform was administered from 4.30 a.m. to 7.30 a.m., during the whole of which time the patient lay quite quietly and breathed easily. At 7.30 a.m. the chloroform was discontinued, and the patient immediately had three more severe attacks of extreme rigidity, in the last of which she died with an extreme degree of cyanosis.

*Post-mortem examination.*—No sign of disease except some old pleuritic adhesions. The stomach on analysis was found to contain strychnine.

# MEDICAL REPORT.

1893.

By CHARLES R. BOX, M.D., B.S., B.Sc., F.R.C.S.

TABLE I.—*General Statement of Medical and Surgical Patients.*

			Males.		Females.		Total.
Number of patients in Hospital, Jan. 1st, 1893	...		203	...	146	...	349
" " " Dec. 31st, 1893	...		193	...	136	...	329
" " discharged or died during 1893 :							
			Males.		Females.		Total.
Cured	...	1799	...	1074	...	2873	...
Relieved	...	607	...	439	...	1046	...
Unrelieved or other causes	...	174	...	133	...	307	...
Died	...	357	...	250	...	507	...
			2937		1896		4833
Average number of days of each medical patient's stay in hospital—24·77.							
" " surgical							25·25.

TABLE II.—*General Medical Statement.*

Number of Medical Beds <sup>1</sup> ...	...	...	...	...	171
			Males.	Females.	Total
Number of patients in Medical Wards, Jan. 1st, 1893	...	62	...	65	...
" " admitted during the year 1893	...	1056	...	854	...
			1118	919	2037
" " Total	...	...	1118	919	2037
" " in Medical Wards, Dec. 31st, 1893...	...	66	...	54	...
" " treated to a termination during 1893	...	1052	...	865	...
" " discharged or died during 1893 :					
			Males.	Females.	Total.
Cured	...	456	...	377	...
Relieved	...	290	...	243	...
Unrelieved or other causes	...	81	...	71	...
Died	...	225	...	174	...
			1052	865	1917
Total	...	...	1052	865	1917
Average number of days of each patient's stay in hospital—24·77.					

<sup>1</sup> This does not include 21 beds in Adelaide Ward, the statistics of which are given in the Report of the In-patient Department for Diseases of Women.

TABLE III.—*General*

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year	
I. GENERAL DISEASES.																					
Measles . . . . .	5	2	3	3	1	...	1	...	...	...	...	1	1	1	2	...	...	...	...	...	
Scarlet fever . . . . .	16	6	10	5	4	4	3	...	...	...	...	4	...	5	7	...	...	...	...	...	
Influenza . . . . .	27	16	11	...	1	9	8	6	3	...	...	12	13	2	...	...	...	...	...	...	
Enteric fever . . . . .	48	26	22	1	5	18	16	7	1	...	...	1	2	2	30	13	...	...	...	...	
Erysipelas . . . . .	19	11	8	1	6	6	3	2	1	...	...	6	9	4	...	...	...	...	...	...	
Diphtheria . . . . .	179	87	92	118	40	11	10	...	...	...	...	81	38	41	10	2	1	...	...	...	
Diphtheritic paralysis . . . . .	9	3	6	4	3	1	1	...	...	...	...	4	2	1	2	...	...	...	...	...	
Febricula and fever ? cause . . . . .	9	5	4	2	2	2	1	2	...	...	...	3	4	1	1	...	...	...	...	...	
Pertussis . . . . .	4	2	2	3	1	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	
Ague . . . . .	5	5	...	...	...	1	2	2	...	...	...	4	1	...	...	...	...	...	...	...	
Pyæmia . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	
Syphilis . . . . .	6	4	2	...	...	1	4	...	1	...	...	1	...	2	...	3	...	...	...	...	



Table of Diseases.

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
2	3							2 cases originated in hospital. Of 3 admitted, 1 was for laryngeal obstruction, and 1 for enlarged liver and spleen.
6	5				3		2	3 cases originated in hospital: 2 in surgical patients, and 1 in a nurse. Both fatal cases showed endocarditis and acute nephritis. The 3 unrelieved cases were transferred to a fever hospital.
15	9	1				1	1	2 cases were complicated with bronchitis, 1 with phthisis, 2 with broncho-pneumonia (one fatal), 2 with lobar pneumonia (one fatal). The incidence was heaviest in December, and 7 cases occurred in persons connected with the hospital. Of the fatal cases 1 had broncho-pneumonia and albuminuria, and the other pleuro-pneumonia at left base and recent pericarditis.
25	22					1		Relapse occurred in 10 cases, and in 2 of these a second relapse took place. In 6 cases there was constipation throughout, and in 5 diarrhoea. The rose rash was not observed in 7 cases, and in 4 (one fatal) the spleen was not felt. Bronchitis was present in 14, in 5 this was initial only, in the others persistent. Of other lung complications basal pneumonia occurred in 2, and pleurisy in 1. In 2 cases abdominal distension was marked, and in 2 delirium. Albuminuria was noted 4 times, venous thrombosis once, and otitis media twice. During the year there was no instance of perforation nor yet of hæmorrhage. The fatal case was a man who attempted to return to work a week after the onset; he had persistent diarrhoea and continuous fever. P.M.—Edema of lungs and typical ulceration of intestines found.
11	8							All facial. Otitis media in 1, and albuminuria in 1. Delirium in 2, both with fairly high temperature.
33	26					54	66	Includes 7 doubtful cases; 1 of these, fatal after tracheotomy, showed a suppurating bronchial gland and broncho-pneumonia. Intubation alone in 1 case (fatal). Intubation followed by tracheotomy in 2 (both fatal). Tracheotomy in 89 cases, with 69 deaths. Albuminuria noted in 6 fatal and 15 non-fatal cases. In 1 the tonsils sloughed. Paralytic symptoms present in 6 non-fatal and 5 fatal cases, in 1 case death occurred from this cause 36 days after tracheotomy. 3 developed measles and recovered. 3 developed scarlet fever: of these 1 died early, and another, 32 days after tracheotomy, with cicatricial obstruction of trachea. None were infected with scarlet fever in hospital. 1 died from hæmorrhage from tracheotomy wound, source not evident.
	5	1	1			2		In 7 there was weakness of legs. In the fatal case the diaphragm and intercostals were involved.
5	4							In 1 pneumonia, in 7 influenza, and in 1 enteric fever suspected.
2	1		1					1 died subsequently at Evelina hospital from broncho-pneumonia.
1		4						Includes a doubtful case.
						1		Cause not traced. Suppurative panophthalmitis, submaxillary and splenic abscesses, and pus in right elbow-joint.
4	2							2 congenital, rest acquired. In 1 periostitis and effusion into joints. In 1 ulcerating tonsils, pleurisy, and eruption.

TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year.	
I. GENERAL DISEASES— <i>continued.</i>																					
Acute rheumatism . . . . .	158	90	68	2	6	69	47	21	10	3	...	13	46	76	17	6	...	...	...	...	
Chronic articular rheumatism . . . . .	12	7	5	...	1	3	5	1	2	...	...	5	2	3	...	2	...	...	...	...	
Gonorrhœal rheumatism . . . . .	3	1	2	...	...	3	...	...	...	...	...	1	...	1	1	...	...	...	...	...	
Gout. . . . .	6	6	...	...	...	...	...	2	3	1	...	1	2	1	1	1	...	...	...	...	
Rickets . . . . .	2	...	2	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Myxœdema . . . . .	8	...	8	...	...	1	3	2	2	...	...	...	...	1	4	1	1	1	...	...	
Diabetes mellitus . . . . .	7	4	3	...	...	3	2	1	1	...	...	2	1	1	3	...	...	...	...	...	
Diabetes insipidus . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	
Purpura . . . . .	8	4	4	2	3	1	...	1	1	...	...	4	2	1	1	...	...	...	...	...	
Simple anæmia . . . . .	32	13	31	1	...	14	13	2	2	...	...	4	9	10	9	...	...	...	...	...	
Pernicious anæmia . . . . .	8	6	2	...	...	1	3	3	1	...	...	...	...	...	...	...	...	...	...	...	
Leucocythæmia . . . . .	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	
Lymphadenoma . . . . .	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
General tuberculosis . . . . .	4	3	1	1	1	...	...	1	1	...	...	1	1	1	1	...	...	...	...	...	
Disseminated malignant disease . . . . .	4	3	1	1	...	...	...	2	1	...	...	1	1	2	...	...	...	...	...	...	

*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
55	50	33	16	.....		2	2	87 were cases of first attack, and in 38 of these there was evidence of mitral disease, in 3 of both mitral and aortic, and in 1 only of aortic disease. Pericarditis occurred in 5, pleurisy in 1, and rheumatic nodules in 1. Of the cases of second or later attack: in 41 there was mitral disease, in 5 mitral and aortic disease, in 9 pericarditis, in 6 pleurisy, in 4 chorea, and in 1 epilepsy. Of the fatal cases 2 had mitral disease, pleurisy, and endocarditis, 1 aortic and mitral disease with adherent pericardium, and in 1 there occurred delirium with hyperpyrexia.
6	4	1	1	.....				
1	2	.....						In 1 case the gonorrhœal origin was doubtful.
5	.....					1		Considerable albuminuria and vomiting in 1. In 1, with extensive uratic deposit, the olecranon bursæ incised and scraped. In fatal case subacute bronchitis and signs of pressure on air passages. No P.M.
.....				2	.....			In 1 paroxysmal fever, diarrhœa, and disseminated broncho-pneumonia. In the other convulsions and diarrhœa.
.....				7	1	.....		All typical cases, and in 1 delusions. All were treated by thyroid extract, but in the case unrelieved the treatment was discontinued on account of muscular pains and depression, to be continued later. In another case vomiting was troublesome at first, but marked improvement ultimately occurred.
.....		1	2	1	2	1		The non-fatal cases presented no complications. Of the 3 fatal cases the pancreas was sclerosed and contained a small cyst in 1, and in this and another there was advanced tubercle of the lungs. Liq. pancreaticus used in 2 cases, both fatal, without alleviation of symptoms.
.....		1	.....					
2	.....	2	.....	1	2	1		One came from a hæmophilic family. In the fatal cases, beyond subcutaneous and subserous hæmorrhages, no organic lesions were found.
1	30	1	.....					3 were possibly cases of gastric ulcer, 3 had enlargement of spleen but no definite alteration in blood. Thrombosis occurred in 3, and rheumatism in 1.
1	4	2	.....			1		In 2 hæmatemesis occurred. In 1 there was a left lumbar swelling of doubtful nature. In fatal case old pulmonary tubercle and much yellow fat around the heart.
.....						1		Leucocythæmia with general moderate glandular enlargement and chronic renal disease. Pneumonia of left lower lobe.
.....						1		General glandular enlargement and right-sided pleurisy.
.....						3	1	In all tubercles were general in chest and abdomen. In 1 pregnancy—3rd month.
.....						3	1	Lymphosarcoma in 1 case. ? Colloid carcinoma in another. Nature not determined in rest. Origin in no case definitely ascertained.

TABLE III—

DISEASE.	Number of cases.		Age.							Duration of residence.											
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Above 1 year.	
II. DISEASES OF THE SKIN.																					
Erythema nodosum . . . . .	3	1	2	...	2	...	1	...	...	...	...	2	...	1	...	...	...	...	...	...	
Psoriasis . . . . .	1	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	
Eczema . . . . .	10	5	5	1	2	...	2	3	...	2	...	1	3	4	2	...	...	...	...	...	
Urticaria . . . . .	1	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	
Lupus . . . . .	5	2	3	...	1	2	1	...	1	...	...	...	2	2	1	...	...	...	...	...	
Molluscum fibrosum . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	..	
Dermatitis herpetiformis . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	
Dermatitis exfoliativa . . . . .	1	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	
Xerodermia . . . . .	1	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	
Xanthelasma . . . . .	1	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Pemphigus . . . . .	2	...	2	1	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	
III. DISEASES OF RESPIRATORY SYSTEM.																					
Simple laryngitis . . . . .	16	8	8	8	3	...	4	1	...	...	...	4	7	3	2	...	...	...	...	...	
Septic laryngitis . . . . .	1	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	
Syphilitic laryngitis . . . . .	2	...	2	...	1	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	
Tuberculous laryngitis . . . . .	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	..	
Malignant disease of larynx . . . . .	1	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	
Acute bronchitis . . . . .	19	9	10	4	1	4	4	2	2	1	1	7	5	4	1	2	...	...	...	...	
Chronic bronchitis . . . . .	29	21	8	...	3	5	3	1	10	7	8	12	8	1	...	...	...	...	...	...	
Plastic bronchitis . . . . .	1	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Emphysema . . . . .	3	2	1	1	...	...	...	2	...	...	...	1	2	...	...	...	...	...	...	...	
Bronchiectasis . . . . .	1	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Broncho-pneumonia . . . . .	49	29	20	29	9	6	3	...	2	...	8	16	16	5	4	...	...	...	...	...	





TABLE III—

DISEASE.	Number of cases.			Age.							Duration of residence.									
	Total.	M.	F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Above 1 year.
<b>III. DISEASES OF RESPIRATORY SYSTEM—<i>continued.</i></b>																				
Acute pneumonia . . . . .	107	81	26	4	14	23	25	18	8	12	3	23	32	45	6	...	1	...	...	...
Phthisis . . . . .	69	45	24	4	...	11	16	21	11	5	1	13	15	21	17	2	1	...	...	...
Hæmoptysis . . . . .	10	5	5	...	...	2	1	5	2	...	...	1	3	2	4	...	...	...	...	...
Pneumothorax . . . . .	1	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Pleurisy . . . . .	51	40	11	4	3	10	18	9	5	2	...	10	17	16	8	...	...	...	...	...
Empyema . . . . .	28	21	7	6	6	3	4	4	4	1	...	2	2	5	13	6	...	...	...	...

*continued.*

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
66	19	...	...	1	1	14	6	Situation of disease: Right lung 45, left lung 47, both lungs 15. Of cases on the right side: in 11 the apex, in 2 the middle, in 30 the lower, and in 2 the whole of the lung affected. Of cases on the left side: in 4 the apex, in 3 the middle, and in 40 the lower lobe affected. Of 8 cases with definite alcoholic history, 3 proved fatal. 6 cases were admitted moribund. Of the fatal cases: old phthisis in 5, secondary abscesses of lung in 1, marked emphysema in 1, pericarditis in 3, mitral incompetence and aortic disease in 1, aortic incompetence in 1, cirrhotic liver in 1, granular kidneys in 2, in 1 erosion of articular cartilages of elbow and shoulder. Of non-fatal cases: 1 complicated with secondary syphilis and gonorrhœa, 8 with delirium, 2 with pericarditis, 1 with double empyema, 1 with acute nephritis and hyperpyrexia, 1 with cellulitis of arm, and 1 with erythema multiforme. Marked relief from venesection in 2 cases.
...	...	27	12	3	5	15	7	Of the non-fatal cases: in 6 old-standing bronchitis, in 1 tuberculous cervical glands, in 1 lumbar abscess, in 1 pneumothorax, in 1 infection of larynx, and in 1 mitral disease. Of the fatal cases: no P.M. in 2; of the rest, in all but 2 both lungs affected, in 19 the right more than the left, in 2 the left most, old-standing hæmorrhagic pleurisy in 1, emphysema in 7, empyema in 1, dilated and hypertrophied heart in 2, chronic peritonitis in 1, chronic nephritis in 3, cirrhotic liver with small stones in ducts in 1, lardaceous disease in 1. 3 proved fatal from profuse hæmoptysis, 1 in casualty department and one soon after admission. Tracheotomy performed once.
...	...	3	5	...	...	2	...	Both fatal cases tuberculous. Hæmorrhage from ruptured aneurysm in 1, and general from wall of cavity in 1. Of non-fatal cases: in 8 tubercle of lung, in 1 mitral disease, and in 1 no evident cause.
...	...	...	...	...	1	...	...	Right-sided. For 2 other cases see Phthisis and Ulceration of Pulmonary Artery.
32	8	7	2	...	...	1	1	Non-fatal: right-sided 29, left-sided 18, bilateral 4. Aspiration: once, 8 times; twice, 8 times; thrice, 3 times. Dry tapping 4 times, in 2 after previous successful aspiration. Phthisis complicated 1, pericarditis 1, pregnancy 1. Of the fatal cases: 1 was double with pericarditis, and 1 complicated with broncho-pneumonia.
13	4	5	2	...	...	3	1	Right-sided in 15, left-sided in 13. Resection of rib in 22, and in 1 operation refused. 3 burst into lung. 2 died within few hours of admission. Of non-fatal cases: 1 followed measles and 1 influenza, 1 complicated broncho-pneumonia, 1 mitral disease, 1 cirrhotic liver and ascites. Of fatal cases: 1 was tuberculous, in 1 an abscess extended between pleura and chest-wall. Resection of rib in 3 fatal cases.

TABLE III—

DISEASE	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Above 1 year.	
III. DISEASES OF RESPIRATORY SYSTEM— <i>continued.</i>																					
Spasmodic asthma . . . . .	1	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...
Mediastinal growth . . . . .	4	4	...	...	...	...	1	...	1	2	...	1	1	...	2	...	...	...	...	...	...
Pleurodynia . . . . .	2	1	1	...	...	1	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...
IV. DISEASES OF THE CIRCULATORY SYSTEM.																					
Pericarditis . . . . .	7	4	3	2	2	2	...	1	...	...	...	2	3	1	1	...	...	...	...	...	...
Valvular disease of heart—																					
(a) Mitral obstruction . . . . .	3	...	3	...	...	...	...	2	1	...	...	...	...	3	...	...	...	...	...	...	...
(b) Mitral incompetence . . . . .	30	12	18	...	3	10	4	8	4	1	...	3	10	9	8	...	...	...	...	...	...
(c) Mitral obstruction and incompetence . . . . .	19	10	9	...	10	1	6	2	...	...	...	2	1	2	10	4	...	...	...	...	...
(d) Aortic disease . . . . .	12	11	1	...	...	2	2	2	6	...	...	5	2	1	3	1	...	...	...	...	...
(e) Mitral and aortic disease . . . . .	32	15	17	...	2	8	11	4	4	1	1	4	3	11	13	1	...	...	...	...	...
Congenital heart disease . . . . .	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Ulcerative endocarditis . . . . .	5	2	3	1	...	2	1	1	...	...	...	1	...	1	3	...	...	...	...	...	...

*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
	1			4				In 1 dysphagia, empyema, hæmatemesis, and involvement of cervical glands. In 3 stridor, and in 1 of these definite signs of pressure on right bronchus.
		1	1					
1	1	1				3	1	Of non-fatal cases: history of rheumatism in 2, mitral murmur and paroxysmal fever in 1. Of fatal cases: history of rheumatism in 1, chorea without rheumatism in 1, both pleuræ obliterated in 1, broncho-pneumonia in 1, aortic and mitral disease in 1. In 1 the pericardium was incised with subsequent death from cardiac failure.
		3						Rheumatic fever in 2; scarlet fever and rheumatism in 1.
	10	16	1			1	2	No history of rheumatism in 4; scarlet fever in 5, chorea in 1, rheumatism in 20, bronchitis in 5, phthisis in 1, hæmoptysis in 2, pleuritic effusion in 4, tricuspid murmur in 2, syncopic attacks in 1, vomiting in 1, enlarged liver in 6, ascites in 2, albuminuria in 7, infarcts of kidney in 1. Of fatal cases: infarction of lung in 1, usual visceral congestion in rest.
		9	8			1	1	No history of rheumatism in 2; scarlet fever in 1, rheumatism in 14. History not ascertained in 1, and doubtful in 1. Of fatal cases: atheroma of pulmonary artery and extensive infarction of right lung in 1, adhesion of pericardium and congested viscera in 1.
		5	1			6		History of rheumatism in 3 only; suspicion of aneurysm in 1; obstruction alone in 1; angina in 2. Of the fatal cases: extensive atheroma in 4, infarction of lung in 1, in all signs of congestion of viscera; in 1 no P.M.
	10	9				5	8	History of rheumatism in 13, doubtful history in 7, no history in 10; 2 attributed to strain. Of non-fatal cases: mitral stenosis in 3, albuminuria in 4, ascites in 1. Of fatal cases: mitral stenosis in 2, adherent pericardium in 4, hydrothorax in 3, ascites 1, infarcted kidney 2, infarcted lung 1, cirrhosis of liver 1, ulceration of colon 1, chronic nephritis 1, renal calculus 1.
				1				Discharged with whooping-cough.
						2	3	Cerebral abscess in 1, cerebral hæmorrhages in 1, infarction of both cerebral arteries (one old) in 1, pericarditis in 1, tubular nephritis in 1, tubercle of lung in 1.

TABLE III—

DISEASE.	Number of cases.		Age.							Duration of residence.								
	Total.	M. F.	Under 5	5-10	20-30	30-40	40-50	50-60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year.
<b>IV. DISEASES OF THE CIRCULATORY SYSTEM—continued.</b>																		
Thoracic aneurysm . . .	13	11 2	.....	.....	.....	3	5	2	3	1	3	1	3	3	2	.....	.....	.....
Thrombosis . . . . .	2	... 2	.....	.....	2	.....	.....	.....	.....	1	...	1	.....	.....	.....	.....	.....	.....
Dilated heart . . . . .	4	3 1	1	.....	.....	.....	.....	1	2	2	1	...	1	.....	.....	.....	.....	.....
Ulceration of pulmonary artery . . .	1	... 1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....
Cardiac angina . . . . .	1	1	.....	.....	.....	.....	.....	1	...	1	.....	.....	.....	.....	.....	.....	.....	.....
Raynaud's disease . . . . .	1	... 1	.....	.....	.....	.....	1	...	.....	.....	.....	.....	.....	1	.....	.....	.....	.....
<b>V. DISEASES OF THE DUCTLESS GLANDS.</b>																		
Exophthalmic goitre . . .	5	1 4	.....	1	2	1	1	.....	.....	1	...	1	3	.....	.....	.....	.....	.....
Addison's disease . . . . .	1	1	.....	.....	.....	.....	.....	.....	1	...	1	.....	.....	.....	.....	.....	.....	.....
<b>VI. DISEASES OF THE DIGESTIVE ORGANS.</b>																		
<b>1. Alimentary canal.</b>																		
Gangrene of fauces . . . . .	1	1	.....	.....	.....	.....	.....	1	...	1	.....	.....	.....	.....	.....	.....	.....	.....
Pharyngitis . . . . .	1	1	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Tonsillitis . . . . .	50	22 28	11	1	12	21	5	.....	.....	28	19	2	1	.....	.....	.....	.....	.....
Malignant stricture of œsophagus . . .	4	4	.....	.....	.....	.....	1	3	...	.....	1	2	1	.....	.....	.....	.....	.....
Dyspepsia . . . . .	19	3 16	.....	.....	1	11	3	3	1	...	5	6	7	1	.....	.....	.....	.....
Gastric ulcer . . . . .	29	4 25	.....	.....	8	13	7	1	...	.....	4	7	8	9	1	.....	.....	.....
Hæmatemesis . . . . .	4	3 1	.....	.....	1	...	3	.....	.....	1	1	1	...	1	.....	.....	.....	.....



*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	5	...	2	1	4	1	History of syphilis in 4, of alcoholism in 1. Situation: ascending arch 9, descending aorta 1, coronary artery 1, doubtful (aortic or large branch) 2. Of the fatal cases: partial collapse of right lung in 3, of left in 1; erosion of vertebræ 1, compression of pulmonary artery and hypertrophy of right ventricle in 1. In 1, a dissecting aneurysm of ascending arch ruptured into pericardium.
...	...	1	...	...	...	1	...	Right femoral and saphena in 1. In the other (fatal), thrombosis of intracranial sinuses and cerebral veins without obvious cause. Other cases of thrombosis under "Anæmia."
1	1	...	...	...	...	2	...	Of fatal cases: atheroma and dilatation of aortic arch in 1. No P.M. in 1.
...	...	...	...	...	...	1	...	Continuous murmur during life. P.M.—Communication between pulmonary artery and aorta, gangrene of right lung, and pneumothorax.
...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	
...	...	...	...	...	...	...	...	
...	1	1	2	...	1	...	...	One a doubtful case. In 1 mitral regurgitation, and in 1 delusions, with history of insanity in family.
...	...	...	...	1	...	...	...	
...	...	...	...	...	...	1	...	No definite cause.
...	...	...	...	...	...	1	...	Extensive ulceration of pharynx, probably tuberculous.
...	...	20	26	2	2	...	...	2 house physicians, 1 house surgeon, 4 nurses, and 2 ward-maids. Suppuration in 7, erythema nodosum in 1, erythema simplex in 1, rheumatic pains in 2.
...	...	2	...	1	...	1	...	Two sent out with Symond's tubes <i>in situ</i> . In fatal case secondary deposits in abdomen, and apparently secondary infection of lower part of œsophagus.
2	14	...	2	1	...	...	...	
4	20	...	1	...	...	...	4	Of non-fatal cases: hæmatemesis or history of hæmatemesis in all save two. Of fatal cases: in 1, ulcer on anterior wall and another on lesser curvature, the former having perforated; in 1, ulcer on posterior and ulcer on anterior wall, the latter having perforated.
...	...	2	1	...	...	1	...	2 of the males alcoholic. No P.M. in fatal case, ? gastric ulcer.

TABLE III—

DISEASE.	Number of cases.		Age.								Duration of residence.								
	Total.	M. F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year.
VI. DISEASES OF THE DIGESTIVE ORGANS— <i>continued.</i>																			
Malignant disease of stomach	6	5 1						3	2	1	1	2	1	2					
Diarrhœa . . . . .	30	15 15									22	2							
Dysentery . . . . .	5	5				2	3				1	1		2		1			
Colic . . . . .	4	2 2			1	2	1				4								
Constipation . . . . .	18	6 12			5	4	6	2	1		9	8		1					
Intussusception . . . . .	4	4	2		1	1					2		1	1					
Internal strangulation . . . . .	2		2				1		1		2								
Obstruction, other forms . . . . .	6	4 2				4		2			4			2					
Malignant disease of intestine	16	7 9				1		4	7	4	7	4	3	2					
Perityphlitis . . . . .	28	19 9		2	15	7	2	2			6	6	7	9					
Tuberculous ulceration of intestine	3	1 2			1	1	1				1			1	1				
Ulceration of rectum . . . . .	1		1				1					1							

*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	2	...	3	1	Growth in all fatal cases pyloric. In 1 left pleuro-pneumonia, in 1 secondary deposit in retro-peritoneal glands, in 2 stomach dilated, in 1 contracted. Of non-fatal cases: stomach dilated in 1.
8	7	1	1	1	...	5	7	The fatal cases all occurred in summer or autumn, and in infants. In 1 there was a tuberculous cavity at the base of the lung, in 1 fusion of the aortic cusps, and in 1 infarcts of kidneys but no endocarditis. Two admitted in condition of collapse. Of the non-fatal: 3, all adults, were chronic, and in 1 of these there were indications of pulmonary phthisis and melæna.
3	...	1	...	...	...	1	...	In fatal case extensive ulceration and right inguinal colotomy. 4 had been abroad, and 2 had undoubtedly then contracted the disease. 1 case doubtful.
2	2	...	...	...	...	...	...	5 chronic cases. In 1 trace of albumen; in 1 history of abscess discharging <i>per vaginam</i> .
6	12	...	...	...	...	...	...	
1	...	...	...	...	...	3	...	Inflation in 2 abdominal section in 2. Of fatal cases: in 2 inflation, in 1 abdominal section; 2 ileo-cæcal, 1 indeterminate, not being found P.M. Non-fatal case ileo-cæcal, gangrenous intussusception removed.
...	...	...	...	...	...	...	2	In both, abdominal section. Small intestine close to ileum strangulated in each, one by band, and other by slit in mesentery.
...	...	2	1	...	...	3	...	Of fatal cases: in 1 chronic ulceration and stricture of lower end of ileum, followed by rupture and peritonitis; in 1 volvulus reduced by operation; in 1 no P.M. Of non-fatal cases: in 1 median section followed by colotomy, ? volvulus of sigmoid flexure, and in 1 operation refused.
...	...	1	3	...	2	6	4	Of fatal cases: colotomy 4, resection and colotomy 1. In all but one the large intestine the seat of disease; transverse colon involving stomach 1; splenic flexure 1; descending colon 1; sigmoid flexure, 4; rectum, involving uterus, 1. In 1, ileum nine feet above valve, communicating with urinary bladder through a fæcal abscess. Secondary growth in liver in 2. Of non-fatal cases: in 1 transverse colon (readmitted and died later), in 2 sigmoid flexure, in 1 rectum with secondary involvement of peritoneum and ascites, in 2 indeterminate.
15	6	...	1	...	...	4	2	First attack in 21; incision in 10; and in 3, all fatal, peritonitis was general; localised abscess in 7, one of which was fatal; in 2 of the cases of general peritonitis the appendix was not perforated, but bound down by adhesions, and in 1 showed an old healed ulcer. In the third it was in a sloughy condition.
...	...	...	...	1	1	1	1	Of fatal cases: in 1 extensive ulceration and perforation of small intestine; in 2 no P.M.
...	...	...	...	...	...	...	1	Extensive ulceration of last 4 inches of rectum, with fistulæ; old pelvic peritonitis and granular kidneys.

TABLE III—

DISEASE.	Number of cases.			Age.							Duration of residence.									
	Total.	M.	F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year.
<b>VI. DISEASES OF THE DIGESTIVE ORGANS—continued.</b>																				
<b>2. Peritoneum.</b>																				
Acute peritonitis . . . . .	3	2	1	...	1	...	1	...	...	1	...	2	1	...	...	...	...	...	...	...
Tuberculous peritonitis . . . . .	15	7	8	...	4	8	1	1	...	1	...	2	2	3	5	2	1	...	...	...
Chronic peritonitis . . . . .	1	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Malignant disease of abdomen, of doubtful situation	5	3	2	...	...	...	...	5	...	...	...	1	2	1	1	...	...	...	...	...
<b>3. Liver.</b>																				
Cirrhosis of liver . . . . .	42	21	21	...	...	1	1	14	17	5	4	10	14	11	4	3	...	...	...	...
Gall-stones . . . . .	11	4	7	...	...	...	...	3	6	2	...	1	2	6	2	...	...	...	...	...
Obstructive jaundice. . . . .	3	1	2	1	...	...	1	...	...	1	...	...	...	2	1	...	...	...	...	...
Hydatids . . . . .	2	1	1	...	...	1	...	...	1	...	...	...	...	...	...	1	1	...	...	...
Malignant disease . . . . .	2	...	2	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...
<b>4. Various.</b>																				
Abdominal tumour . . . . .	12	6	6	2	...	1	1	1	3	1	3	2	3	3	3	...	1	...	...	...
Ascites . . . . .	2	...	2	...	...	1	...	...	...	1	...	...	1	1	...	...	...	...	...	...
<b>VII. DISEASES OF GENITO-URINARY SYSTEM.</b>																				
Acute nephritis. . . . .	34	20	14	7	2	4	5	9	5	...	2	3	2	9	17	3	...	...	...	...

continued.

Cured.		Re- lieved.		Unre- lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
1	...	...	...	...	...	1	1	Non-fatal case possibly secondary to disease of vermiform appendix. In the 2 fatal cases general suppurative peritonitis, no cause found.
2	3	3	3	...	...	2	2	5 treated by incision, 1 fatal. Of non-fatal cases: fistula in ano 1, pulmonary tubercle 1, left pleurisy 1. Of fatal cases: tubercle of pleura 1, tubercle of lung 1, fæcal abscess 1, perforation of bowel 1, salpingitis 1.
...	1	...	...	...	...	...	...	Localised non-purulent peritonitis with effusion, and left pleurisy with effusion. Abdominal section.
...	...	...	...	2	2	1	...	No P.M. on fatal case.
...	...	12	17	2	...	7	4	Ascites in 18, paracentesis in 15, and abdominal section in 1. Paroxysmal fever in 1 (fatal). Of non-fatal cases: jaundice in 4, hæmatemesis in 4, œdema of legs in 5, enlarged spleen in 2, and peripheral neuritis in 1. Of fatal cases: in 1 no P.M.; liver enlarged in 4, reduced in size in 6, granular kidneys in 1, acute nephritis in 1, varicose œsophageal veins in 3, perihepatitis in 4, chronic general peritonitis in 1, miliary tuberculosis of peritoneum in 1, pleural effusion in 1, coma in 3, twice after tapping abdomen.
1	1	3	4	...	1	...	1	Colic in 6, jaundice in 9, stones passed <i>per rectum</i> in 2, enlarged gall-bladder in 5. Fatal case: 3 stones removed from cystic duct; subsequent death; no P.M.; ? peritonitis.
1	...	...	1	...	1	...	...	1 probably catarrhal. Enlarged liver in 1.
...	1	...	...	...	...	1	...	Abdominal section in non-fatal case. In fatal case extensive chronic peritonitis and left pleural effusion.
...	...	...	...	...	2	...	...	Colloid material evacuated by exploratory incision in 1 case.
...	1	1	...	5	4	...	1	Exploration in 2, 1 fatal. Fatal case: malignant disease involving pancreas, liver, and neighbouring glands. Of non-fatal cases: 5 probably malignant, 1 (?) dermoid cyst discharged by rectum, 1 pregnancy, rest indeterminate.
...	1	...	1	...	...	...	...	Both encysted and on left side, nature doubtful.
8	5	...	...	11	7	1	2	3 after pregnancy, 2 (?) scarlatinal. Of fatal cases: in 1 granular kidneys, in 2 œdema of legs, in 1 pleuro-pneumonia. Of non-fatal cases: general anasarca 5, ascites 3, pleural effusion 1, bronchitis 4, acute rheumatism 2, mitral disease 1.



TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	20	30	40	50	60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year.	
VII. DISEASES OF GENITO-URINARY SYSTEM—continued.																					
Chronic nephritis . . . . .	53	37	16	2	...	5	8	12	12	13	1	12	7	15	13	4	1	1	...	...	
Renal calculus . . . . .	3	3	...	...	...	...	...	...	2	...	1	2	...	...	1	...	...	...	...	...	
Renal colic . . . . .	5	3	2	...	...	1	...	3	1	...	...	1	...	3	1	...	...	...	...	...	
Paroxysmal hæmoglobinuria . . . . .	1	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Hydronephrosis . . . . .	2	...	2	...	...	...	...	...	2	...	...	1	...	1	...	...	...	...	...	...	
Pyonephrosis . . . . .	5	2	3	...	...	1	...	1	2	...	1	...	1	...	3	1	...	...	...	...	
Malignant disease of kidney . . . . .	1	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	
Moveable kidney . . . . .	3	...	3	...	...	...	1	1	1	...	...	...	...	2	1	...	...	...	...	...	
Dilated ureter . . . . .	1	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Glycosuria . . . . .	1	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	
Albuminuria . . . . .	2	1	1	...	...	1	...	...	1	...	...	...	2	...	...	...	...	...	...	...	
VIII. DISEASES OF THE NERVOUS SYSTEM.																					
Acute meningitis . . . . .	5	1	4	3	1	1	...	...	...	...	...	4	...	...	1	...	...	...	...	...	
Tuberculous meningitis . . . . .	7	6	1	3	1	1	1	...	1	...	...	5	1	...	1	...	...	...	...	...	
Chronic meningitis . . . . .	2	1	1	...	...	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...	
Hemiplegia . . . . .	9	5	4	...	...	1	2	5	1	...	...	1	1	3	1	3	...	...	...	...	
Cerebral hæmorrhage . . . . .	12	10	2	...	...	...	1	2	6	3	...	7	2	1	...	2	...	...	...	...	
Cerebral tumour . . . . .	10	6	4	...	...	1	5	1	3	...	...	...	1	3	1	3	1	1	...	...	
Cerebral syphilis . . . . .	3	3	...	...	...	1	3	...	...	...	...	...	1	...	1	1	...	...	...	...	

*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	23	9	3	1	11	6	History of alcoholism 10, of gout 4, of plumbism 2, of scarlet fever 2. Dyspnœa marked in 5, of which 3 were fatal. Retinitis in 4, of which 3 were fatal. Of the fatal cases: no P.M. in 2; kidneys contracted and granular in 8, large and pale in 4, large and granular in 3, contained calculi in 1, pneumonia in 1, hæmorrhagic infiltration of lung in 2, hydrothorax in 8, pericarditis 3, peritonitis 2 (one purulent), ascites marked in 2, hæmorrhage into peritoneum after tapping in 1, chronic meningitis in 1, small intracranial aneurysm in 1, convulsions in 1.
2	...	...	...	...	...	1	...	1 passed by urethra, 1 (oxalate) removed by operation. Fatal case: both ureters blocked by calculi, extreme aortic disease.
...	...	3	1	...	1	...	...	
...	...	1	...	...	...	...	...	For another, see "Raynaud's disease."
...	...	...	...	...	2	...	...	One double.
...	...	2	1	...	1	...	1	2 treated by incision and drainage (1 subsequently on surgical side).
...	...	...	...	...	...	1	...	Nature not stated, probably a sarcoma.
...	...	...	3	...	...	...	...	
...	...	...	1	...	...	...	...	Exploratory incision, cause obscure.
1	...	...	...	...	...	...	...	
1	1	...	...	...	...	...	...	
...	...	...	1	...	...	1	3	Non-fatal case followed head injury. Of fatal cases: broncho-pneumonia in 1; no P.M. in 3, possibly tuberculous.
...	...	...	...	...	...	6	1	General tuberculosis in 3, caries of upper cervical vertebræ and cervical meningitis in addition in 1, caseous bronchial glands in 2, no P.M. in 1. Mania in 1.
...	...	...	1	...	...	1	...	In fatal case meningitis, both spinal and cerebral, atrophy of left motor convolutions from old middle cerebral obstruction.
1	...	3	4	1	...	...	...	6 on right side, and in 4 of these aphasia. Hemianæsthesia in 3 (2 right, 1 left). Mitral disease in 2. History of syphilis in 3.
...	...	5	...	...	...	5	2	Right cerebral hemisphere the seat of hæmorrhage in 4, left in 5, and pons in 3. Hyperpyrexia in 1. Hemianæsthesia in 1. Granular kidneys 3, cystic kidneys 1. Mitral disease 1.
1	...	2	4	1	...	2	...	Of fatal cases: in 1 tumour springing from right optic thalamus and caudate nucleus, nature not stated. In 1 sarcoma of left lobe of cerebellum and disseminated nodules over vertex of hemispheres. Of non-fatal cases: breast removed for carcinoma in 1887 in 1, and in 1 temporal hemiopia and polyuria.
1	...	2	...	...	...	...	...	

TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mths. 1-2	Mths. 2-4	Mths. 4-6	Mths. 6-9	Mths. 9-12	Above 1 year.	
VIII. DISEASES OF THE NERVOUS SYSTEM—continued.																					
Chronic hydrocephalus . . . . .	2	2	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	
Ophthalmoplegia externa . . . . .	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	
Athetosis . . . . .	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Obscure cerebral . . . . .	7	6	1	...	1	2	1	...	2	1	...	2	1	1	2	1	...	...	...	...	
Headache . . . . .	5	2	3	...	1	2	...	...	1	1	...	3	1	...	1	...	...	...	...	...	
General paralysis . . . . .	3	3	...	...	...	...	...	...	1	2	...	1	2	...	...	...	...	...	...	...	
Acute mania . . . . .	5	1	4	...	1	2	...	...	1	1	...	2	1	2	...	...	...	...	...	...	
Hypochondriasis . . . . .	2	...	2	...	...	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...	
Melancholia . . . . .	2	...	2	...	...	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...	
Melancholia with stupor . . . . .	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	
Dementia . . . . .	1	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	
Idiocy . . . . .	3	2	1	1	1	1	...	...	...	...	...	...	1	1	1	...	...	...	...	...	
Chorea . . . . .	30	10	20	...	10	20	...	...	...	...	...	1	11	12	6	...	...	...	...	...	
Hysteria . . . . .	31	5	26	...	...	6	13	6	6	...	...	8	5	12	3	2	...	1	...	...	
Epilepsy . . . . .	8	4	4	1	1	1	3	1	...	1	...	4	3	...	1	...	...	...	...	...	
Infantile convulsions . . . . .	11	3	8	11	...	...	...	...	...	...	...	4	3	1	3	...	...	...	...	...	
Paraplegia . . . . .	11	10	1	1	1	1	...	6	2	...	...	...	1	2	3	5	...	...	...	...	
Lateral sclerosis . . . . .	3	1	2	...	...	1	...	2	...	...	...	...	2	1	...	...	...	...	...	...	
Disseminated sclerosis . . . . .	4	2	2	...	...	3	1	...	...	...	...	...	3	1	...	...	...	...	...	...	
Locomotor ataxy . . . . .	10	10	...	...	...	1	3	3	3	...	...	...	1	3	3	3	...	...	...	...	
Syringomyelia . . . . .	1	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Infantile paralysis . . . . .	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	
Tumour of spinal membranes . . . . .	1	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Obscure disease of cord . . . . .	1	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	

*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	1	...	1	...	In fatal case: extreme distension of ventricles with no obvious cause.
...	...	...	...	1	...	...	...	Left-sided. Syphilitic.
...	...	...	...	1	...	...	...	
1	...	2	...	3	1	...	...	
1	1	1	2	...	...	...	...	
...	...	...	...	2	...	1	...	In fatal case: wasted convolutions, thickened and adherent membranes, obsolete tubercle at apices of lungs, mitral and aortic disease, early granular kidneys.
...	...	...	...	1	4	...	...	
...	...	...	...	...	2	...	...	
...	...	...	...	1	...	1	...	
...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	
...	...	...	...	2	1	...	...	
6	12	3	7	1	...	...	1	The fatal case attributed to fright. Pericarditis and slight mitral and aortic disease; lungs congested, minute hæmorrhages into stomach, brain hyperæmic. Of the rest, 19 were cases of first attack, 7 of second, and 3 of third. Pericarditis in 1, mitral valvular disease in 10, acute rheumatism or history of it in 7, rheumatic pains in 1, and a history of rheumatism in family in 2 more, history of chorea in family in 2. In 3 cases fright alleged, and in 2 over-use of limbs due to occupation; in 1 case it followed measles and was possibly imitative; in 1 case ? hysteria.
3	20	2	6	...	...	...	...	Fits in 5, paraplegia in 3, dysphagia in 1, dyspnœa in 2, vomiting in 7, neurotic œdema of arm in 2, diarrhœa in 1, rotatory head movements in 1.
...	...	3	4	1	...	...	...	
2	4	1	2	...	...	...	2	No evidence of gross disease in fatal cases.
...	...	3	...	3	1	4	...	History of fall in 1. Caries of spine in 1. Of fatal cases: invasion of cord by mediastinal growth in 1, caries and psoas abscess in 1; no naked eye changes in spinal cord in others.
...	...	1	2	...	...	...	...	
...	...	2	2	...	...	...	...	
...	...	10	...	...	...	...	...	Charcot's disease of right knee in 1. Perforating ulcer of foot in 1.
...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	Lower extremities.
...	...	...	...	1	...	...	...	Transferred to surgical side, subsequent operation and death.
...	...	...	...	1	...	...	...	

TABLE III—

DISEASE.	Number of cases.			Age.								Duration of residence.									
	Total.	M.	F.	Under 5	5-10	-20	-30	-40	-50	-60	Above 60	Under 1 week.	Wks. 1-2	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Above 1 year.	
VIII. DISEASES OF THE NERVOUS SYSTEM— <i>continued.</i>																					
Pseudo-hypertrophic paralysis	2	2			1	1								2							
Idiopathic muscular atrophy	1	1				1								1							
Sciatica . . . . .	4	4					3		1				2	1		1					
Neuralgia . . . . .	1	1								1						1					
Neuritis . . . . .	3		3					2		1			1	1					1		
IX. POISONING.																					
Alcoholism—																					
(1) Paralysis . . . . .	7	3	4				2	3	2				4		1	2					
(2) Other forms . . . . .	7	6	1				1	3	2	1		3	1	2	1						
Plumbism . . . . .	16	16			1	3	8	4				8	7			1					
Opium . . . . .	4	2	2				1		1	2		3	1								
Carbolic acid . . . . .	4	1	3	2					1	1		3	1								
Belladonna . . . . .	3	2	1	1	1				1			3									
Corrosive sublimate . . . . .	1		1			1						1									
Fish-poisoning . . . . .	1	1				1						1									
X. SURGICAL AND MISCELLANEOUS.																					
Debility . . . . .	12	6	6	1	3	2	4	1		1		6	3	3							
Immersion . . . . .	5	3	2	1		2		1	1			3	1	1							
Disease of ear . . . . .	12	7	5	3	5	1	3					7	3		2						
Subdiaphragmatic abscess	1	1			1											1					
Various surgical . . . . .	17	12	5	6	5	1	1	3	1			3	3	7	1	1	1	1			
Malingering . . . . .	4	3	1				1	1	1		1	3		1							
Unclassified . . . . .	20	13	7	4	4	2	2	3	4	1		5	5	5	3	1			1		



*continued.*

Cured.		Re-lieved.		Unre-lieved.		Died.		REMARKS.
M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	2	...	...	...	
...	...	...	...	1	...	...	...	
1	...	3	...	...	...	...	...	Nerve stretched in 1 case.
...	...	...	...	1	...	...	...	Trigeminal. Admitted 3 times during year, finally transferred to surgical side.
...	1	...	1	...	1	...	...	In 1 contracture and trophic changes in arm after wearing splint. In 1 popliteal neuritis, and in 1 extensive peripheral neuritis of doubtful origin.
1	...	1	3	1	...	...	1	Mind affected in 4. In fatal case: wasted brain, advanced tubercle in lungs, and sclerosis of sciatic nerves.
2	...	4	1	...	...	...	...	Delirium tremens in 1.
14	...	2	...	...	...	...	...	Colic in 15, palsy in 2, tremor in 1, in 1 gout, and in 3 albuminuria.
2	1	...	...	...	...	...	1	All suicidal, and in 1 phosphorus paste taken as well. Fatal case died in casualty room. Advanced tuberculosis of right kidney and ureter.
1	2	...	...	...	...	...	1	In fatal case: œdema of glottis and ash-grey membrane lining pharynx, œsophagus, and stomach. Strong carbolic odour.
2	1	...	...	...	...	...	...	All accidental. In 1 a mixture of Tinct. Camph. Co. and Tinct. Belladonnæ swallowed.
...	1	...	...	...	...	...	...	Doubtful case.
1	...	...	...	...	...	...	...	Diarrhœa, vomiting, collapse, œdema of face, and urticaria.
5	6	1	...	...	...	...	...	
3	2	...	...	...	...	...	...	4 suicidal, and of these 1 previously swallowed carbolic acid.
2	2	1	...	1	...	3	3	Of fatal cases: subdural abscess in 2, temporo-sphenoidal abscess and meningitis in 1, sinus pyæmia in 2, general suppurative peritonitis in 1.
1	...	...	...	...	...	...	...	Ruptured into right pleura and evacuated by resection of rib.
7	1	3	...	1	3	1	1	Of fatal cases: in 1 suppuration of right wrist-joint and pyæmia, and in 1 cellulitis of scrotum and acute diarrhœa following circumcision.
...	...	...	...	3	1	...	...	
8	3	2	2	2	2	1	...	Including 1 case of sunstroke (fatal), 1 of general œdema, and 1 of obesity.





TABLE IV.—*Table of Mortality.*

DISEASE.	Total.		Age.										Mor- tality per cent.
	No. dis- charged.	No. died.	Under 2	2-5	-10	20	30	40	50	60	-70	Above 70	
<b>1. GENERAL DISEASES.</b>													
Scarlet fever . . . . .	14	2	...	1	1	...	...	...	...	...	...	...	12·5
Influenza . . . . .	25	2	...	...	...	1	...	1	...	...	...	...	7·4
Enteric fever . . . . .	47	1	...	...	...	1	...	...	...	...	...	...	2·08
Diphtheria . . . . .	59	120	25	48	10	...	2	...	...	...	...	...	67
Diphtheritic paralysis . . . . .	7	2	...	2	...	...	...	...	...	...	...	...	22·2
Pyæmia . . . . .	...	1	...	...	...	...	1	...	...	...	...	...	...
Acute rheumatism . . . . .	154	4	...	...	3	...	1	...	...	...	...	...	2·5
Gout . . . . .	5	1	...	...	...	...	1	...	...	...	...	...	16·6
Diabetes mellitus . . . . .	4	3	...	...	...	1	2	...	...	...	...	...	42·8
Purpura . . . . .	5	3	...	1	...	2	...	...	...	...	...	...	37·5
Pernicious anæmia . . . . .	7	1	...	...	...	...	...	...	1	...	...	...	12·5
Leucocythæmia . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...
Lymphadenoma . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...
General tuberculosis . . . . .	...	4	...	1	1	...	1	1	...	...	...	...	...
Disseminated malignant disease . . . . .	...	4	...	1	...	...	...	...	2	...	1	...	...
<b>2. DISEASES OF THE SKIN.</b>													
Eczema . . . . .	9	1	1	...	...	...	...	...	...	...	...	...	10
Pemphigus . . . . .	1	1	1	...	...	...	...	...	...	...	...	...	50
Dermatitis exfoliativa . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...
<b>3. DISEASES OF THE RESPIRATORY ORGANS.</b>													
Septic laryngitis . . . . .	...	1	...	...	...	...	1	...	...	...	...	...	...
Acute bronchitis . . . . .	18	1	1	...	...	...	...	...	...	...	...	...	5·2
Chronic bronchitis . . . . .	28	1	...	...	...	1	...	...	...	...	...	...	3·4
Broncho-pneumonia . . . . .	43	6	2	4	...	...	...	...	...	...	...	...	12·2
Acute pneumonia . . . . .	187	20	...	...	1	4	5	5	3	2	...	...	9·6
Phthisis . . . . .	47	22	1	2	...	1	4	7	5	2	...	...	31·8
Bronchiectasis . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...
Emphysema . . . . .	1	2	...	1	...	...	...	...	1	...	...	...	66·6
Hæmoptysis . . . . .	8	2	...	...	1	1	...	...	...	...	...	...	20
Pleurisy . . . . .	49	2	1	...	...	1	...	...	...	...	...	...	39
Empyema . . . . .	24	4	1	1	...	...	1	1	...	...	...	...	14·2
<b>4. DISEASES OF THE ORGANS OF CIRCULATION.</b>													
Pericarditis . . . . .	3	4	1	1	1	1	...	...	...	...	...	...	57·1
Mitral disease . . . . .	47	5	...	...	...	2	...	2	1	...	...	...	9·5
Aortic disease . . . . .	6	6	...	...	...	2	1	3	...	...	...	...	50
Mitral and aortic disease . . . . .	18	13	...	1	2	5	...	3	1	1	...	...	41·9
Ulcerative endocarditis . . . . .	...	5	...	1	1	2	...	1	...	...	...	...	...
Thoracic aneurysm . . . . .	8	5	...	...	...	...	1	4	...	...	...	...	30·7
Thrombosis . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...

TABLE IV—continued.

DISEASE.	Total.		Age.										Mortality per cent.
	No. discharged.	No. died.	Under 2	2-5	10	20	30	40	50	60	70	Above 70	
4. DISEASES OF THE ORGANS OF CIRCULATION—continued.													
Dilated heart . . . . .	2	2	...	1	...	1	...	...	...	...	...	...	50
Ulcerative endarteritis . . .	...	1	...	...	...	1	...	...	...	...	...	...	...
5. DISEASES OF THE DIGESTIVE ORGANS.													
Gangrenous stomatitis . . .	...	1	...	...	...	...	...	...	1	...	...	...	...
Pharyngitis . . . . .	...	1	1	...	...	...	...	...	...	...	...	...	...
Malignant disease of œsophagus	3	1	...	...	...	...	...	...	1	...	...	...	25
Gastric ulcer . . . . .	25	4	...	...	...	3	...	...	...	...	...	...	13·7
Hæmatemesis . . . . .	3	1	...	...	...	...	...	1	...	...	...	...	25
Malignant disease of stomach .	2	4	...	...	...	...	1	1	1	1	...	...	66·6
Diarrhœa . . . . .	18	12	10	2	...	...	...	...	...	...	...	...	40
Dysentery . . . . .	4	1	...	...	...	...	1	...	...	...	...	...	20
Intussusception . . . . .	1	3	2	...	...	1	...	...	...	...	...	...	75
Internal strangulation . . .	...	2	...	...	...	1	...	...	1	...	...	...	...
Obstruction (other forms) . .	3	3	...	...	...	...	2	1	...	...	...	...	50
Malignant disease of intestine .	6	10	...	...	...	...	...	2	5	3	...	...	67·5
Perityphlitis . . . . .	22	6	...	...	2	...	...	3	...	1	...	...	21·4
Tuberculous ulceration of intestine . . . . .	1	2	...	...	1	1	...	...	...	...	...	...	66·6
Ulceration of rectum . . . .	...	1	...	...	...	...	1	...	...	...	...	...	...
Acute peritonitis . . . . .	1	2	...	1	...	...	1	...	...	...	...	...	66·6
Tuberculous peritonitis . . .	11	4	...	...	3	...	...	...	1	...	...	...	26·6
Cirrhosis of liver . . . . .	31	11	...	...	1	...	1	5	3	1	...	...	26·1
Gall-stones . . . . .	10	1	...	...	...	...	1	...	...	...	...	...	9
Hydatids of liver . . . . .	1	1	...	...	...	...	...	1	...	...	...	...	50
Abdominal tumour . . . . .	11	1	...	...	...	...	...	1	...	...	...	...	8·3
6. DISEASES OF THE GENITO-URINARY SYSTEM.													
Acute nephritis . . . . .	31	3	...	2	...	...	...	1	...	...	...	...	8·3
Chronic nephritis . . . . .	36	17	...	1	...	1	4	5	3	3	...	...	32
Renal calculus . . . . .	2	1	...	...	...	...	...	...	...	1	...	...	33·3
Malignant disease of kidney .	1	1	...	...	...	...	...	...	...	1	...	...	...
7. DISEASES OF THE NERVOUS SYSTEM.													
Acute meningitis . . . . .	1	4	1	2	1	...	...	...	...	...	...	...	80
Tuberculous meningitis . . .	...	7	...	3	1	1	1	...	1	...	...	...	...
Chronic meningitis . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...
Cerebral hæmorrhage . . . .	5	7	...	...	...	...	...	1	1	5	...	...	58·3
Cerebral softening . . . . .	...	1	...	...	...	...	...	...	...	1	...	...	...
Chronic hydrocephalus . . . .	...	1	...	...	...	...	...	...	...	1	...	...	...
General paralysis . . . . .	2	1	...	...	...	...	...	...	1	...	...	...	33·3
Chorea . . . . .	29	1	...	1	...	...	...	...	...	...	...	...	3·3
Infantile convulsions . . . .	9	2	1	1	...	...	...	...	...	...	...	...	18·1
Paraplegia . . . . .	7	4	...	...	...	...	...	3	1	...	...	...	57·14



TABLE IV—*continued.*

DISEASE.	Total.		Age.									Mor- tality per cent	
	No. dis- charged.	No. died.	Under 2	2-5	10	20	30	40	50	60	70		Above 70
8. POISONING.													
Alcoholic paralysis . . . . .	6	1	...	...	...	...	...	...	1	...	...	...	14.2
Opium . . . . .	3	1	...	...	...	...	...	...	1	...	...	...	25
Carbolic acid . . . . .	3	1	...	1	...	...	...	...	...	...	...	...	25
9. SURGICAL AND MISCELLANEOUS.													
Disease of ear . . . . .	6	6	...	1	1	2	1	1	...	...	...	...	50
Various surgical . . . . .	15	2	...	2	...	...	...	...	...	...	...	...	11.7
Sunstroke . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...
10. DISEASES OF THE FEMALE GENERATIVE ORGANS.													
Malignant disease of ovaries . . . . .	...	2	...	1	...	...	...	1	...	...	...	...	...
Tubal pregnancy . . . . .	...	1	...	...	...	...	...	1	...	...	...	...	...
Salpingitis . . . . .	4	1	...	...	...	...	...	...	1	...	...	...	20

TABLE V.—*Cases of Infectious Diseases occurring in the Hospital.*

Initials.	Sex.	Age.	Disease for which admitted.	Disease originating in hospital.	Date of attack.	Duration of previous residence in hospital.	Result.	Remarks.
G. C.	M.	24	Right hemiplegia	Measles	July 26	19 days	C. Aug. 12	From Victoria Ward.
T. W. B.	M.	3	Emphyema	"	July 22	24 "	C. Aug. 19	Ditto.
J. K.	F.	4	Talipes equino-varus	"	Aug. 5	32 "	C. Aug. 19	Ditto.
F. G. M.	M.	17	Lumbar abscess	Scarlet fever	Aug. 31	—	C. Oct. 10	From Edward Ward.
E. W.	F.	2	Gluteal abscess	"	Sept. 4	6 days	C. Oct. 2	From Victoria Ward.
S. S.	M.	4	Inguinal hernia	"	Oct. 14	8 "	C. Nov. 5	Ditto.
C. F.	F.	43	—	Influenza	Nov. 12	—	C. Dec. 16	Nurse.
J. M.	F.	25	—	"	Dec. 6	—	C. Dec. 16	Ditto.
M. S.	F.	21	—	"	Dec. 8	—	C. Dec. 24	Ditto.
E. G.	F.	25	—	"	Dec. 15	—	C. Dec. 24	Ditto.

## SPECIAL ANALYSES AND ABSTRACTS.

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### I. GENERAL DISEASES.

PYÆMIA; SUBMAXILLARY ABSCESS; PANOPHTHALMITIS; PUS IN RIGHT ELBOW-JOINT; ABSCESS OF SPLEEN; EMPYEMA.

G. C—, æt. 40, male, admitted November 28th; died December 8th, 1893.

For fifteen days had noticed a painful and gradually increasing swelling below the angle of the left jaw. The left eye became inflamed and painful eight days later.

The patient when examined was cyanosed, breathless, and complaining particularly of pain in the right side of the chest, where there was every sign of fluid effusion as high as the spine of the scapula. Coarse rhonchi were audible over the whole left and upper part of the right lung. The abdomen was distended, and the liver slightly enlarged and tender. The effusion in the chest had displaced the heart to the left, but no murmurs were detected. A large fluctuating swelling, extending as far forwards as the chin, occupied the left side of the neck. The conjunctiva of the left eye was intensely congested, and in a condition of solid œdema. Cornea and aqueous clear. Iris slightly discoloured. Pupil almost motionless, and vision restricted to hand-shadows only. A yellow reflex was obtained. Tension normal. No proptosis, and movements of globe good. The lids were not much swollen. Right eye normal. There was no sign of fluid in any joint. Pulse 99, resp. 40, and temp. 97·4°.

The submaxillary abscess was incised, and 36 ounces of fluid removed from the right pleura by aspiration. Two days later the right olecranon bursa suppurated, and was incised. The conjunctival swelling diminished, the iris contracted some adhesions, and pus was detected in the posterior chamber. A second aspiration of the right pleura on December 2nd yielded 5 ounces of fluid, and was followed by a metallic percussion note, with coins, over the upper part of this lung. Persistent epistaxis, necessitating plugging of the nares, set in on December 5th. Moist crepitation appeared over the whole of the left lung on December 7th, and a subconjunctival collection of pus on the outer side of the left pupil. The next

day the abdomen became suddenly distended and tympanitic, and the patient died collapsed. During the residence in hospital the pulse was small and rapid, and the temperature for the first nine days was characteristically irregular.

*Post-mortem.*—No bone disease was discovered in connection with the sub-maxillary abscess. There was pus in the right elbow-joint, and the left eye was in a condition of suppurative panophthalmitis. The orbital tissues were healthy, and no bone disease was found in connection with orbit, nose, or ear. Cerebral fluid was in excess, but the brain was itself healthy. The right pleura contained two pints of pus and some air, whilst the lung was collapsed but otherwise normal. The left lung was œdematous and decomposing. The heart showed slight atheromatous thickening of valves and moderate hypertrophy of left ventricle. The intestines were enormously distended without apparent cause, liver large, and an abscess-cavity existed in the spleen which communicated with a small loculated collection of pus between that viscus and the stomach.

The portal venous system was healthy, as were also the right kidney and ureters. The lower half of the left kidney was replaced by a serous cyst.

The focus of infection was not discovered.

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## II. DISEASES OF THE RESPIRATORY SYSTEM.

### 1. OLD-STANDING HÆMORRHAGIC PLEURISY OF TUBERCULOUS ORIGIN.

C. F—, coachman, æt. 45, admitted November 9th, 1893; died December 25th, 1893.

He came from a healthy family, and no history of tubercle could be obtained. In July, 1882, had a first attack of pleurisy, and was aspirated, 84 ounces of clear reddish fluid being withdrawn from the right pleura. After spending some months in convalescent homes he was in 1883 admitted into Brompton Hospital, and was there aspirated seven times, a variable quantity of fluid, apparently containing blood, being withdrawn. Becoming an out-patient for twelve months, he was at the end of that time readmitted and again aspirated. Since then he was for some time at Ventnor and St. George's, and had been aspirated several times, bringing the total up to eighteen. The fluid was always thick and reddish brown after the first operation.

When admitted to St. Thomas's there was evidence of a considerable quantity of fluid in the right pleura, and some crepitation accompanied inspiration at the right apex. Over the left lung the percussion note was resonant, the vesicular murmur harsh, and many rhonchi present. The heart was displaced to the right and the liver depressed. The right side of the chest measured only half an inch more than the left. Temperature normal. Respirations 46. Pulse 96 and tense. Urine sp. gr. 1015, no albumen. Aspiration of the right pleura on the night of admission yielded 12 ounces of blood-stained fluid. Aspiration was

repeated on November 11th and 30 ounces of similar fluid obtained, which contained numerous cholesterin crystals. Dyspnoea was to a certain extent relieved, but a troublesome cough persisted. On December 8th two inches of the eighth rib were resected just below the angle of the scapula, and a quantity of blood-stained fluid evacuated from the much thickened pleura; the cavity was irrigated with boracic lotion and large drainage-tubes inserted. Cough continued after the operation, and irregular fever set in. The patient died on December 25th.

*Post-mortem.*—Right lung extremely collapsed, and shrunken against the spine. The pleura, which contained pus, was greatly thickened, adherent at base and apex, and coated with mortary matter. The lung on section was airless and infiltrated with tubercles, which were chiefly and most densely aggregated immediately beneath the pleura, the central portion of the lung being free. The right lung was extremely adherent, and in addition to recent tubercle at the apex there was a dense radiating cicatrix with calcareous centre in the upper lobe. The right side of the heart was dilated and hypertrophied. Old adhesions matted together the intestines, but there was no ulceration. The capsule of the liver was thickened and adherent to the diaphragm, and contained a calcareous nodule. Other organs normal.

## 2. SACCULAR BRONCHIECTASIS.

J. K—, barman, *at.* 19, admitted February 4th, 1893; died March 8th, 1893.

Bronchitis two years ago, cough each winter since. Not alcoholic. Exacerbation of cough with vomiting and chilliness fourteen days before admission.

He was emaciated and cyanosed. Chest narrow with prominent sternum, and movements deficient on the left side. Lung resonance was impaired at both apices, where rhonchi and crepitations were audible, and also at the right base posteriorly with diminished voice and breath sounds; in addition crepitations and rhonchi were general behind, and around and below the right nipple was a small dull crepitating area. The breath was offensive and also the sputa, which were muco-purulent and blood-stained. Voice reduced to a whisper, and laryngeal tissues swollen but not ulcerated; deficient adduction of cords. No signs of disease in other viscera. Moderate sustained fever. Urine normal.

Twelve days later the crepitation at the dull area in the nipple region had become loud and consonating, and the breath sounds cavernous. Over the whole of the front of the right side of the chest the whispered and spoken voice was abnormally distinct, and the fifth and sixth intercostal spaces on this side were falling in. Coarse crepitations and rhonchi were audible everywhere. There was now only occasional evening pyrexia. The sputa contained numerous bacilli, but not those of tubercle.

By March 6th the note below the right nipple had become tympanitic over a small area, and there was constant evening pyrexia and occasionally a little blood in the urine. Two days before death diarrhoea set in.

*Post-mortem.*—Left lung emphysematous and œdematous, with slight pleurisy of recent date; the extreme base was solid, greenish, and of a gangrenous odour. All the air-tubes were injected and lined with muco-pus; in the lower lobe were two small saccular dilatations.



Right lung firmly bound down by adhesions, and over the lateral surface, between the two layers of pleura, was a patch of inspissated inflammatory material. Most of the secondary divisions of the air-tubes of this lung showed saccular dilatations about the size of a hazel-nut, and the walls of a few of these were actively ulcerating. The cavities mostly contained inspissated inflammatory products. There was in addition an ill-defined inflammatory consolidation of the lung, and at the extreme base posteriorly a cavity having the size of a Tangerine orange, nearly filled with rusty material and in communication with at least two tubes. The bronchial glands were simply inflamed, and the cortex of the kidneys swollen. Other viscera normal. No signs of past or present tubercle. Microscopically in some of the cavities the remains of columnar epithelium could be seen, the others were lined by granulation tissue. The rest of the lung showed a recent fibrinous pneumonia, and in parts a general cellular infiltration in which the alveolar forms could scarcely be distinguished. There was no appearance of tubercle.

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### III. DISEASES OF THE CIRCULATORY SYSTEM.

#### 1. ULCERATIVE ENDOCARDITIS; HÆMORRHAGES.

J. C—, waiter, æt. 40, admitted August 1st, 1893; died September 4th, 1893.

Had lost a brother and a sister from phthisis. Rheumatic fever five years ago. Of irregular habits, addicted to drink, and subject to dyspepsia and diarrhœa. His wife just dead from "blood-poisoning" after three months' illness.

For over six months he had suffered from loss of appetite and general weakness, and during that time had lost over two stone in weight. Within the last six weeks œdema of legs, palpitation and dyspnœa, but no cough or hæmoptysis.

Admitted with enlarged heart and anæmia. The impulse was just outside the nipple line, and aortic, mitral, and pulmonic systolic murmurs audible. Lungs appeared normal, as also did the abdominal viscera. Numerous purpuric spots on thighs and legs, and latter were œdematous. Early double papillitis with numerous retinal hæmorrhages and white spots. Urine acid, sp. gr. 1022, a trace of albumen but no blood. Pulse 84, collapsing. Temperature normal.

Fresh purpuric spots continued to appear over abdomen and chest, and diarrhœa set in on August 14th; the same day an aortic diastolic murmur was first heard, but the systolic murmurs had disappeared. The tongue became dry and cracked, and on August 18th vomiting commenced. About the same time there was a little blood-stained expectoration, slight enlargement of liver, and a little fluid in the peritoneum. The urine now contained some blood, and emaciation was progressive. The patient became semi-comatose, and cutaneous hæmorrhages increased in number. Death occurred on September 4th. For the last fourteen days the temperature was uniformly subnormal; there was occasional irregular fever before this.

*Post-mortem.*—Hæmorrhages into pericardial tissue; hypertrophy of left

ventricle and extensive disease of aortic cusps, vegetations extending from their ventricular aspects on to the adjacent endocardium; the upper part of one cusp had apparently become detached by ulceration, and was partially adherent to the aorta. In the endocardium of the left auricle just above the mitral valve was a small abscess. At the apex of the left lung was old and recent tubercle, the rest of the lung cedematous, as also was the right. The liver was simply congested; the spleen enlarged with recent infarcts; the kidneys showed some tubal change. There were a few hæmorrhages in the intestine and many in the cerebral cortex. Some of the sulci were full of thin clot.

## 2. DISSECTING ANEURYSM OF AORTIC ARCH; RUPTURE INTO PERICARDIUM.

R. M—, æt. 43, foreman in gasworks, admitted November 17th, 1893; died November 18th, 1893.

Moderate drinker. No history of syphilis or of rheumatism.

Two days before admission was suddenly seized with pain in the chest, shortness of breath and cough, but no hæmoptysis. The pain continued, and was referred also to the epigastrium.

On admission he appeared very anæmic. The lungs seemed normal with the exception of some impairment of resonance over the lower third of the left and fine dry crepitation in this situation. The area of cardiac dulness was apparently not enlarged; the heart sounds were faint and the impulse ill defined. At the right base the first sound was rough and prolonged. Nothing abnormal was detected in the abdomen. The urine was acid and highly albuminous. Temperature normal, pulse 96. The next day rhonchi were detected all over both lungs, and a few hours later the patient suddenly collapsed, and died with symptoms of internal hæmorrhage.

*Post-mortem*.—The pericardium contained 19 ounces of blood-clot. The ascending aorta was slightly distended and very atheromatous; its posterior wall from immediately above the aortic valves to the origin of the innominate artery was thickened to the extent of half an inch by the presence of blood-clot between its layers. The aperture of entry formed a transverse slit of half an inch just above the valves; the aneurysm had ruptured externally on the posterior surface of the aorta just within the reflection of the pericardium. The left ventricle of the heart was greatly dilated and hypertrophied, the wall in parts was an inch in thickness. There were no valvular lesions, and the right side of the heart was normal. Both lungs were fixed by old and dense adhesions, the bases were collapsed and the upper lobes emphysematous. The liver and spleen showed signs of chronic congestion, and the kidneys a mixed tubal and interstitial nephritis.

## 3. THROMBOSIS OF INTRA-CRANIAL SINUSES AND CEREBRAL VEINS.

E. P—, æt. 26, shop assistant; admitted January 8th, 1893; died January 15th, 1893.

No history of hereditary disease in family. Was an out-patient at Brompton Hospital eighteen months ago with cough.

She felt perfectly well up to January 1st, on the morning of which day she first noticed pain at the top of her head. On January 1st and 2nd she had three fits without warning, during each of which she was unconscious for about ten minutes and bit her tongue. She also vomited several times.

When admitted was anæmic and drowsy, but restless. Pain was chiefly complained of over the vertex, and was not increased by pressure; there was slight mastoid tenderness, but no discharge from either ear. Both optic discs were somewhat swollen, and the outlines hazy. There were no focal symptoms, and nothing abnormal detected in thoracic or abdominal viscera. Temperature subnormal.

During the next four days the pain became worse and the tenderness over the right mastoid more pronounced, but no redness or swelling was here present. There was slight left facial weakness. A pin-hole perforation was found in the upper and posterior quadrant of the right tympanic membrane, which was opaque. There was no discharge.

On January 15th she became quite comatose and her head was strongly retracted. The temperature was still subnormal and pulse 84, regular. The cerebellum and right temporo-sphenoidal lobes were explored for abscess with negative results. She died shortly after.

*Post-mortem*.—The head only was examined. The longitudinal sinus was filled posteriorly with firmly adherent decolourised clot; anteriorly the clot was adherent but only partially decolourised. All the large cerebral veins of the right hemisphere and those of the posterior part of the left were similarly plugged, the clot being black and adherent. Ante-mortem clot, also partially decolourised, was found in the lateral sinuses, especially the right, but the coagulum in the longitudinal sinus was the oldest. No disease of middle or internal ear was found. In the right temporo-sphenoidal lobe and right half of the cerebellum recent small hæmorrhages marked the track of the trocar, but there was no abscess. There was some fluid in the optic sheaths, but no meningitis.

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#### IV. DISEASES OF LIVER.<sup>1</sup>

##### UNILOBULAR CIRRHOSIS OF LIVER WITH HIGH FEVER.

H. B—, æt. 18, labourer, admitted February 6th, 1893; died March 11th, 1893.

Family history good. He had been a hard drinker for last six months, taking daily from eight to nine pints of beer and one glass of whisky. Previous to this time he had been a teetotaler for two years, and before then a very moderate

<sup>1</sup> 'Clinical Journal,' March 22nd, 1893.

drinker. For two years before admission his abdomen had been large. His illness commenced on the morning of February 3rd. He felt quite well overnight and had not been drinking, but on attempting to rise in the morning was seized with giddiness, followed in a few hours by acute abdominal pain, which increased during the day and continued until admission. Some pills taken in the evening of February 3rd induced diarrhœa lasting until the morning of the 5th, and he also vomited once, after some supper on the day of the attack. During the last day or two before admission his abdomen had become more swollen, and he had been sleepless owing to pain.

When admitted the abdomen was swollen in the upper half, measuring  $33\frac{1}{2}$  inches above and  $30\frac{1}{2}$  inches below the umbilicus. The liver dulness extended from the fifth intercostal space in the right nipple line to a point below the level of the umbilicus, and transversely from the right to the left hypochondriac region. The lower edge of the organ, somewhat rounded and hard, could be traced across the abdomen, the right lobe extending somewhat lower than the left. The surface was tender on pressure, and pain was produced on deep inspiration. The spleen could not be made out. Posteriorly the bases of the lungs were pushed upwards. There was no fluid in the abdomen. The heart was normal. Resp. 34, pulse 124, temp.  $102^{\circ}$ . Tongue thickly coated with a white fur, but moist. There was very slight jaundice. Urine high coloured, sp. gr. 1032, acid in reaction, containing one fourth albumen and bile pigment.

On February 6th, 7th, and 8th the temperature reached  $102^{\circ}$ , but he was much better in every way. On the 9th it had fallen to normal, and pain and tenderness had disappeared, as had also the albumen and bile pigment from the urine; the liver dulness and abdominal distension diminished. He was allowed some solid food on February 11th, and on the 13th his temperature again began to rise, and by the morning of the 14th reached  $104^{\circ}$ ; a gradual descent then ensued, and by the 18th the temperature was again normal. During this time his pain returned, and he had much diarrhœa. The administration of solid food on the 20th was again followed by rise of temperature and diarrhœa. During a part of the 25th the temperature was normal and the patient again felt comfortable, but it rose at night, and from this time high fever and diarrhœa persisted until death from exhaustion on March 1st.

After the first few days the urine contained no albumen, but during the whole period there was a large increase in the amount of urea excreted, and this on four occasions considerably exceeded 1000 grains in twenty-four hours.

At the post-mortem examination the liver was greatly increased in size, weighing 10 lbs. 5 oz. The surface was fairly smooth, but the capsule somewhat thickened and opaque. On section the organ was mottled brown and white, and was very tough. Microscopically it was the seat of a fairly perfect unilobular cirrhosis; the connective tissue was richly cellular and full of columnar-celled ducts, of which the epithelium showed proliferation. The gall-bladder was large and full of perfectly colourless fluid. The spleen and other viscera were normal, and there was no thrombosis of the portal vein.



## V. DISEASES OF THE NERVOUS SYSTEM.

## 1. CEREBRAL SOFTENING; APHASIA.

F. G. T—, æt. 61, compositor, admitted January 23rd, 1893; died March 5th, 1893.

Family history unimportant. Syphilis at age of sixteen, a spirit drinker, and subject to bronchitis. For fourteen days his limbs had been swollen, and four days before admission he suddenly lost his speech. He had been attending as an out-patient for bronchitis and emphysema.

On admission speech was indistinct and articulation accompanied by exaggerated facial movements. The names of many common objects could not be recalled, but were recognised when heard. Writing from dictation or transcription of printed matter into written symbols was impossible, but he could write his own name. His residual speech was correct in form, and he appeared to understand what he read.

There was no hemiplegia. Sensation normal, as also were the eyes. The chest showed signs of chronic bronchitis and emphysema. Heart feeble, but no murmur. Liver moderately enlarged. Œdema of both hands and legs, and a little fluid in peritoneal sac. Urine acid, sp. gr. 1030, a faint trace of albumen, but no deposit.

Whilst in hospital the aphasia did not improve, but the œdema of legs diminished. He was much troubled by shortness of breath and sleeplessness, and on March 4th the dyspnœa somewhat suddenly increased, and both lung bases were found to be dull. He died next day. There was never any fever.

At the post-mortem examination the cranial sinuses were found to be full of liquid blood and soft coagulum. The dura mater at the vertex was unusually thickened, and the pia arachnoid opaque. There was a depressed area of yellow softening half an inch in diameter situate on the surface of the third left frontal convolution at the junction of its middle and posterior thirds, and a second smaller patch just behind the seat of Broca's convolution. There was patchy atheroma of the arteries at the base of the brain, but no definite obstruction was discovered. Right pleura universally adherent, the left contained a pint and a half of serous fluid. Both lungs emphysematous, and in addition the right was in a condition of hypostatic pneumonia. The heart was dilated, the kidneys slightly granular, and there was uratic deposit in the left great toe-joint.

2. TUMOUR PRESSING ON SPINAL CORD; OPERATION; DEATH.<sup>1</sup>

Male, æt. 24, admitted March 1st, 1893; died May 16th, 1893.

Twelve months before admission was thrown heavily in a carriage accident, sustaining an injury to his back. From this he recovered, but two months later began to suffer from pain in the back, which at night shifted to his stomach. Weakness of the left leg, shortly followed by that of the right, was first noticed

<sup>1</sup> 'Lancet,' February 17th, 1894.



a month before admission. There was no history of syphilis or tubercle, either personal or hereditary.

On admission he was stout and healthy-looking. Pain was complained of in the abdomen and lumbar region, with weakness of the legs. Both lower limbs appeared to be well nourished, though the muscles of the left calf felt flabbier than those of the right. The loss of power on the left side was moderate, but quite distinct, and affected all segments of the limb in an equal degree. The right leg was possibly slightly weaker than normal. No objective affection of sensation could be made out, but the patient described his left leg as feeling numb up to the knee. There was no alteration in the temperature of the limbs. Some difficulty was already experienced with micturition, and constipation had existed throughout. The deep reflexes were markedly increased both at knees and ankles, the change being greater on the left side. Of the superficial reflexes the right plantar was found to be brisk, the left being absent. Examination of the spinal column revealed no sign of disease, and in all other respects the patient appeared to be in perfect health.

Notwithstanding perfect rest in the supine position and the administration of potassium iodide and mercury, the loss of power in the legs increased until voluntary movement became impossible and both limbs reached a condition of extreme spastic paralysis. The pain, however, was certainly relieved by the rest. Involuntary movements of the lower limbs and pain referred chiefly to the left leg now disturbed the patient's sleep. He was insensitive to external stimuli applied to the paralysed parts.

On April 10th the condition was as follows:—With certain exceptions there was absence of tactile sensation, with greatly diminished perception of pain, temperature, and position below the level of the umbilicus. The upper limit on the left side was a line running round the body one inch below the umbilicus, while on the right side the anæsthesia commenced an inch or more lower down. The border line between the abnormal and normal sensation was very clearly defined and was not hyperæsthetic. The posterior and outer aspects of the thighs and the soles of the feet did not share in the anæsthesia, which, moreover, was less complete on the right side than on the left. The deep reflexes were much exaggerated; the superficial were present and brisk, with the exception of the left cremasteric, which was very difficult to obtain. By May 5th the anæsthesia had invaded all parts of the body below the level just described, with the exception of the outer aspect of the right thigh and some patches of uncertain distribution in the gluteal region.

On May 6th the operation was performed, the diagnosis now resting between caries and a tumour pressing on the spinal cord at the level of the tenth dorsal segment. It was not until the theca was opened that a soft growth was discovered, extending almost out of sight beneath the laminae of the eighth dorsal vertebra. It was placed almost entirely on the left side, with its centre in the situation of the roots of the tenth dorsal nerve. It appeared to be one inch and a half long, half an inch wide, and a quarter of an inch in thickness. Being too soft to be removed in one piece, it was gently detached with forceps and spoon, leaving the pia mater uninjured; the tenth left posterior root was removed with the growth. The wound was closed with deep and superficial sutures, and two drainage-tubes inserted. The patient suffered a good deal of pain after the

operation, and vomited frequently during the night. On the following morning (May 7th) he had a rigor, the temperature rising to 103°. At midday it was found that sensation had returned in the right leg up to the knee. On May 8th sensation was present over the whole of the right leg, the back of the right thigh, and the gluteal region, and also over the front of the right thigh for three inches above the knee and over the right side of the abdomen. On May 9th sensation had returned over the whole of the right lower limb; on the left side sensation was present over the back of the thigh and irregularly over the calf. On May 10th sensation was present over the whole of the left thigh, and the patient was able to move the toes of the left foot. On May 11th he was able to move the toes of either foot, but in the meanwhile the surgical aspect of the case was unsatisfactory. The temperature chart since the operation was of a distinctly septic type; the pulse was rapid and dicrotic, and reddened excoriated patches had appeared over every point of pressure. On May 12th cerebro-spinal fluid was still escaping from the wound, which was now suppurating and surrounded by an erysipelatous rash. The patient at this time complained of acute pain in the head, back, and calves of both legs, and sensation was found to have again been lost over the same parts as were anæsthetic before the operation. On May 13th, though the high temperature and other indications of sepsis persisted, there was some partial return of sensation in the limbs, but on the following day this was again lost. The patient was suffering excruciating pains in his legs, the muscles of which were now markedly wasted and the seat of constant twitching movements. There was incontinence of fæces and urine, and the general condition seemed to be desperate. The next day, almost suddenly, the abdomen became excessively distended, constant vomiting set in, and continued until the patient's death twenty-four hours later. During the last few hours of life there were spasms both of the trunk and limb muscles.

*Necropsy* (four hours after death).—The deep muscles of the back were found to be infiltrated with pus, and in addition there were signs of suppuration throughout the length of the vertebral canal, both without and within the theca. A distinct depression in the cord corresponded to what had been the position of the tumour. As regards the nerves implicated, the ninth left posterior root was not touched by the depression, and consequently was probably not affected by the tumour. The tenth left posterior root could not be found; it sprang directly from the depression. The eleventh left posterior root was just implicated. The left anterior roots and both anterior and posterior roots on the right side were certainly in no way affected, though probably they were subjected indirectly to pressure at this level. There was no appearance of tumour tissue anywhere inside or outside the theca. There were no naked-eye signs of myelitis or of column change above or below the seat of tumour.

The growth on microscopical examination proved to be a myxoma.



# SURGICAL REPORTS.

1892 AND 1893.

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By F. C. ABBOTT, M.S., M.B., B.Sc.

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## *Preface.*

THE two following reports have been constructed on the same general plan as their predecessors, and differ from each other only in minor details of arrangement and classification.

The total number of cases treated to a termination during the year shows a continuous increase, and last year reached the highest figure ever yet recorded.

The death-rate for 1892 was higher by 1 per cent. than in the previous year, a fact for which I am unable to ascribe any particular cause. It fell again last year to the lower figure.

The classification in the Special Table on Hernia has been somewhat altered, and the table shows each year a progressive increase in the numbers operated on, the results being very satisfactory.

The number of cases of erysipelas arising in the hospital shows an increase last year, due mainly to a series of cases in one ward in the middle of the year.

The number of operations of expediency performed continues to increase, the majority being on men rejected for one of the public services.





# SURGICAL REPORT,

## 1892.

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### *General Statement (not including Ophthalmic Cases).*

Number of surgical beds . . . . .	241
„ of surgical patients in hospital, January 1st, 1892	{ Males 141 Females 86
„ „ „ „ December 31st, 1892	{ Males 141 Females 81
„ „ „ treated to a termination in 1892 . . . . .	2706

	Total.	Males.	Females.
Discharged cured . . . . .	1881	1229	652
„ relieved . . . . .	459	278	181
„ unrelieved . . . . .	143	89	54
Died . . . . .	223	128	95
Totals . . . . .	2706	1724	982

Average number of deaths 8·24 per cent.  
 „ „ of days in the hospital 28·12.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.									Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60		Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not re- ported.
<b>GENERAL DISEASES.</b>																			
Erysipelas . . . . .	33	28	10	5	6	11	10	10	4	5	47	10	4	...	...	...	...	...	...
Pyæmia . . . . .	1	1	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...
Tetanus . . . . .	4	...	...	...	2	1	1	...	...	...	4	...	...	...	...	...	...	...	...
Rickets . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
<i>Syphilis</i> —																			
Primary . . . . .	1	2	...	1	1	...	...	1	...	...	...	1	2	...	...	...	...	...	...
Secondary . . . . .	1	24	...	...	16	9	...	...	...	...	...	...	...	...	6	9	3	...	7
Tertiary . . . . .	7	8	...	...	3	4	7	...	1	...	...	...	1	...	...	...	1	12	1
Congenital . . . . .	2	6	5	...	2	1	...	...	...	...	...	...	...	...	2	2	1	3	...
<b>LOCAL DISEASES.</b>																			
<i>Carcinoma</i> —																			
Scirrhus of breast . . . . .	...	32	...	...	...	2	3	11	10	6	...	...	...	...	4	9	7	12	...
Do. (recurrent) . . . . .	...	12	...	...	...	...	3	7	1	1	...	...	1	3	7	1	...	...	...
Duct carcinoma of breast . . . . .	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Antrum . . . . .	...	2	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...
Parotid and lymphatic glands . . . . .	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...
Glands of neck (secondary) . . . . .	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...
Æsophagus . . . . .	4	1	...	...	...	...	1	2	1	1	...	...	...	...	...	4	1	...	...
Pylorus . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Intestine . . . . .	1	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...
Rectum . . . . .	4	7	...	...	...	1	2	4	...	4	...	...	...	1	1	5	2	2	...
Do. (recurrent) . . . . .	1	1	...	...	...	...	1	...	1	...	...	...	...	1	...	1	...	...	...
Cervix uteri . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Femur and spine (secondary) . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...
<i>Epithelioma</i> —																			
Antrum . . . . .	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Palate . . . . .	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...
Tonsil . . . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Tongue . . . . .	8	...	...	...	...	...	...	2	3	3	...	...	...	...	1	4	1	2	...
Floor of mouth . . . . .	7	...	...	...	...	...	1	2	1	3	...	...	...	...	3	3	1	...	...
Lip . . . . .	4	...	...	...	...	...	...	...	...	4	...	...	...	...	...	1	2	1	...
Do. (recurrent) . . . . .	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	1	...	2	...
Cheek . . . . .	3	...	...	...	...	...	...	2	...	1	...	...	...	...	1	...	2	...	...
Larynx . . . . .	1	1	...	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...
Neck . . . . .	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...
Glands of neck (secondary) . . . . .	7	...	...	...	...	...	...	3	1	3	...	...	...	...	3	4	...	...	...
Penis . . . . .	2	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	...	1	...

according to authorised Nomenclature.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
8	32	12	8	1	...	...	...	...	52	...	...	9	...	For cases arising in hospital see Special Table II.
...	2	...	...	...	...	...	...	...	...	...	...	2	...	For cases arising in hospital see Special Table III.
2	1	...	1	...	...	...	...	...	1	...	...	3	...	For cases arising in hospital see Special Summary.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	2	...	...	...	...	...	2	1	...	...	...	
1	5	8	8	3	...	...	...	...	12	12	1	...	...	
1	4	7	3	...	...	...	...	...	7	8	...	...	...	
2	...	5	1	...	...	...	...	...	2	2	...	4	...	
2	2	14	12	2	...	...	...	...	26	1	5	...	1	1 extra in Special Summary.
...	2	6	3	1	...	...	...	...	7	2	2	1	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	1	1	...	...	...	...	...	...	...	...	2	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Secondary to glandular carcinoma of orbit.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
...	1	2	1	...	1	...	...	...	...	3	...	2	...	
...	...	1	...	...	...	...	...	...	...	...	...	1	...	Pylorectomy.
...	2	...	...	...	...	...	...	...	...	...	1	1	...	Recurrent 1.
1	2	1	5	2	...	...	...	...	...	5	3	3	...	
...	...	2	...	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	...	Secondary to scirrhus of breast.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
1	...	...	1	...	...	...	...	...	1	...	1	...	...	
1	...	...	...	...	...	...	...	...	...	...	1	...	...	
1	1	5	1	...	...	...	...	...	2	...	4	2	...	
2	2	3	...	...	...	...	...	...	...	1	4	2	...	
1	...	3	...	...	...	...	...	...	2	1	...	1	...	
...	...	3	...	...	...	...	...	...	2	...	1	...	...	
2	...	1	...	...	...	...	...	...	2	...	1	...	...	
...	...	2	...	...	...	...	...	...	2	...	...	...	...	Gastrostomy 1.
...	...	2	...	...	...	...	...	...	2	...	...	...	...	Both primary.
1	3	3	...	...	...	...	...	...	5	1	1	...	...	All secondary to growth previously removed elsewhere.
1	1	...	...	...	...	...	...	...	1	...	1	...	...	Refused treatment 1.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic	Not re- ported.
<b>LOCAL DISEASES—continued.</b>																		
<i>Epithelioma (continued)—</i>																		
Scrotum . . . . .	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Urethra . . . . .	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	1	...
Bladder . . . . .	4	1	...	...	...	...	...	...	2	3	...	...	...	...	...	1	4	...
Buttock . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...
Rodent ulcer . . . . .	1	2	...	...	...	...	...	1	1	1	...	...	...	...	...	...	3	...
<i>Sarcoma—</i>																		
Bone . . . . .	4	3	1	...	2	...	2	...	1	1	...	...	...	2	3	1	1	...
Jaw . . . . .	4	1	1	1	...	1	...	...	2	...	...	...	2	2	...	1	...	...
Nose . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Tonsil . . . . .	2	1	...	...	...	1	1	...	1	...	...	...	...	...	1	1	1	...
Neck . . . . .	3	3	1	...	1	...	...	1	3	...	...	...	...	...	5	1	...	...
Breast . . . . .	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Abdominal wall . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Kidney . . . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
Testis . . . . .	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
Corpus cavernosum . . . . .	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
Thigh . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Multiple (recurrent) . . . . .	1	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...
<i>Simple Tumours—</i>																		
Lipoma . . . . .	1	7	...	...	...	1	3	3	...	1	...	...	...	1	1	...	6	...
Fibroma . . . . .	2	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	1	...
Fibro-myoma . . . . .	4	...	...	...	...	1	1	1	1	...	...	...	...	...	...	1	3	...
Fibrous epulis . . . . .	1	2	...	...	1	1	1	...	...	...	...	...	...	...	1	...	2	...
Enchondroma . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Exostosis . . . . .	3	1	...	...	3	...	1	...	...	...	...	...	...	...	1	...	3	...
Myxoma . . . . .	1	2	...	1	1	1	...	...	...	...	...	...	1	...	...	...	2	...
Parotid tumour . . . . .	1	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Adenoid vegetations . . . . .	2	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...
Papilloma . . . . .	1	1	...	...	1	...	...	1	...	...	...	...	...	...	1	...	1	...
Granuloma . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Lymphadenoma . . . . .	7	1	...	2	4	1	...	1	...	...	...	...	...	...	3	2	3	...
Adenoma . . . . .	...	5	...	...	1	3	...	1	...	...	...	...	...	...	2	1	2	...
Nævus . . . . .	4	2	6	...	...	...	...	...	...	...	...	...	...	...	3	2	1	...
Angioma . . . . .	3	...	...	1	1	1	...	...	...	...	...	...	...	...	1	...	2	...
Lymphangiectasis . . . . .	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Naso-pharyngeal polypus . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
<i>Cysts—</i>																		
Cystic hygroma . . . . .	2	1	2	...	1	...	...	...	...	...	...	...	...	...	1	...	2	...
Dermoid . . . . .	3	5	4	2	1	...	1	...	...	...	...	...	...	2	...	...	6	...

according to authorised Nomenclature—continued.

Duration of residence.									Result.				Remarks.
Dys.	Dys.	Wks.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.		
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12					
...	...	1	...	...	...	...	...	...	1	...	...	...	
1	...	1	...	...	...	...	...	...	...	2	...	...	
...	2	2	1	...	...	...	...	...	...	1	2	2	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	2	1	...	...	...	...	...	3	...	...	...	
...	3	...	4	...	...	...	...	...	2	...	4	1	Excluding sarcomata of jaw.
1	1	1	2	...	...	...	...	...	4	1	...	...	Recurrent 2.
...	...	...	1	...	...	...	...	...	1	...	...	...	
...	2	...	1	...	...	...	...	...	...	1	2	...	Recurrent 1.
1	1	1	3	...	...	...	...	...	3	1	2	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	...	...	...	...	...	...	1	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	...	...	1	...	
1	2	5	...	...	...	...	...	...	8	...	...	...	Diffuse 1; pendulous fibro-lipoma 1.
...	...	2	...	...	...	...	...	...	2	...	...	...	Axilla 1; popliteal space 1.
...	...	2	...	2	...	...	...	...	2	...	1	1	Transferred to Adelaide 1.
...	2	1	...	...	...	...	...	...	3	...	...	...	Superior maxilla 1; inferior maxilla 2.
...	...	...	...	...	...	...	...	...	1	...	...	...	Attached to 5th metacarpal.
...	...	...	...	...	...	...	...	...	3	...	1	...	Humerus 1; fibula 1; subungual 2.
...	2	...	1	...	...	...	...	...	3	...	...	...	Of axilla 1; nasal polypi 2.
...	...	2	...	...	...	...	...	...	2	...	...	...	Adenoma 1; mixed 1.
...	1	1	...	...	...	...	...	...	2	...	...	...	
2	...	...	...	...	...	...	...	...	2	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
1	1	3	3	...	...	...	...	...	4	2	...	2	See Special Summary.
...	3	2	...	...	...	...	...	...	5	...	...	...	All of breast; 2 cystic.
...	3	3	...	...	...	...	...	...	4	...	1	1	Back 2; scalp 2; eyelid 1; lower lip 1. Death due to diarrhoea.
...	1	1	1	...	...	...	...	...	3	...	...	...	All removed.
...	1	...	1	...	...	...	...	...	1	...	1	...	See Special Summary.
...	...	...	1	...	...	...	...	...	...	...	1	...	Exact nature undetermined, probably malignant.
...	...	2	1	...	...	...	...	...	2	1	...	...	Operation in all.
...	5	3	...	...	...	...	...	...	7	...	1	...	Outer angle of orbit 4; neck 3; cheek 1.





according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
1	4	1	...	...	...	...	...	...	6	...	...	...	...	Scalp 2; back 2; abdominal wall 1; leg 1.
...	3	...	...	...	...	...	...	...	3	...	...	...	...	All median of neck.
...	1	...	...	...	...	...	...	...	1	...	1	...	...	
...	1	2	...	...	...	...	...	...	3	...	...	...	...	Chronic interstitial mastitis in all.
...	2	...	...	...	...	...	...	...	2	...	...	...	...	
...	1	1	...	...	...	...	...	...	2	...	...	...	...	See Special Summary.
2	1	3	2	...	...	...	...	...	4	2	1	1	1	See Special Summary. Malignant 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	See Special Summary.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	See Special Summary.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	Temperature 105°.
...	1	...	...	...	...	...	...	...	...	...	...	1	...	Trephined.
...	1	...	...	1	...	...	...	...	...	...	2	...	...	
...	1	1	1	...	...	...	...	...	2	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	1	1	1	...	...	...	...	...	1	...	1	...	...	Involvement of nerve in callus of old fracture of humerus 1; old fracture of radius 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Nerve stitched in position.
...	1	1	2	1	...	...	...	...	3	...	1	1	1	
...	2	...	1	...	...	...	...	...	2	1	...	...	...	
...	2	...	2	...	...	...	...	...	4	...	...	...	...	
2	1	1	2	1	...	...	...	...	2	...	...	5	...	
...	2	21	13	1	...	...	...	...	36	...	1	...	...	Varicocele 2. Excision of veins in all the cured cases.
3	6	36	1	...	...	...	...	...	43	...	3	...	...	Majority rejected for public services.
2	15	5	1	...	...	...	...	...	23	...	...	...	...	
1	2	2	...	...	...	...	...	...	3	1	1	...	...	
...	1	2	1	...	...	...	...	...	3	1	...	...	...	
...	17	14	5	...	...	...	...	...	34	1	1	...	...	
1	2	3	3	...	...	...	...	...	3	3	3	...	...	1 case admitted twice.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	



according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys.	Dys.	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12						
...	1	...	1	...	...	...	...	...	...	2				Thyrotomy 1; tracheotomy 1.
...	...	...	...	1	...	...	...	...	1	...	...	...	...	Partial thyrotomy with removal of papillomata.
...	...	...	...	1	...	...	...	...	1	...	...	...	...	Thyrotomy and removal.
1	1	1	...	...	...	...	...	...	1	2	...	...	...	Thyrotomy and removal of rabbit bone 1.
1	...	1	1	1	...	...	...	...	3	1	...	...	...	
...	...	...	1	...	...	...	...	...	...	...	...	...	1	Tubercular of apex; resection of 1st rib.
...	2	...	...	...	...	...	...	...	2	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	1	Following measles; septic broncho-pneumonia.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	1	Delirium tremens.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
2	...	...	...	...	...	...	...	...	1	...	1	...	...	Discharged at own request 1.
...	...	1	...	...	...	...	...	...	...	...	1	...	...	? Malignant; for other cases see Carcinoma.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	See Special Table I.
4	4	18	29	5	...	...	...	...	50	5	4	1	...	Undescended testes 2; varicocele 4; reducible umbilical hernia 1; readmissions 2.
4	5	12	6	...	...	...	...	...	25	1	...	1	...	Large intestine 2; cæcum 1; reduction <i>en masse</i> 1; gangrenous 1.
3	...	2	3	...	...	...	...	...	5	3	...	...	...	
...	...	1	3	1	...	...	...	...	4	1	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	2	...	...	...	...	...	2	1	...	...	...	
7	3	11	3	1	...	...	...	...	16	...	...	9	...	Fæcal fistula 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
1	1	...	1	1	...	...	...	...	1	...	...	3	...	
2	...	...	...	...	...	...	...	...	...	...	...	2	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Resection of gut and artificial anus.
1	...	...	...	...	...	...	...	...	...	...	...	1	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
3	1	...	...	...	...	...	...	...	...	...	...	4	...	
...	...	1	...	...	...	...	...	...	...	...	...	1	...	
...	1	...	...	...	...	...	...	...	...	...	...	1	...	See Special Summary.
1	1	...	...	...	...	...	...	...	1	...	...	1	...	Perforation in fatal case.
...	...	...	...	...	1	...	...	...	1	...	...	1	...	Median, due to wound of gut during laparotomy.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not re-ported.
<b>DIGESTIVE SYSTEM — con-</b>																		
<i>tinued.</i>																		
Hæmorrhoids . . .	19	14	...	...	...	9	10	8	5	1	...	...	...	1	2	1	29	...
Do. (strangulated) . .	3	...	...	...	...	...	1	2	...	...	2	1	...	...	...	...	...	...
Do. (prolapsed) . . .	3	...	...	...	...	...	1	1	...	1	1	1	...	...	1	...	...	...
Prolapse of rectum . .	1	3	3	...	...	...	...	1	...	...	...	...	2	...	...	...	2	...
Stricture of rectum . .	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Ulcer of rectum . . .	...	3	...	...	1	1	...	1	...	...	...	...	1	1	1	...	...	...
Fistula in ano . . .	22	8	...	1	...	10	8	10	...	1	...	2	5	5	8	2	8	...
Fissure in ano . . .	1	4	...	...	...	2	1	1	1	...	...	...	2	...	...	...	3	...
Pruritus ani . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Anal neuralgia . . .	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Incontinence of fæces .	2	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1	...
<b>GENITO-URINARY SYSTEM.</b>																		
Phimosis . . .	5	...	...	1	1	2	...	...	...	1	...	...	...	...	...	1	4	...
Paraphimosis . . .	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...
Phagedæna . . .	8	...	...	...	3	3	1	1	...	...	2	4	1	1	...	...	...	...
Urethral caruncle . .	2	...	...	...	...	...	...	1	1	...	...	...	...	1	...	1	...	...
Vulvitis . . .	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Non-infecting chancre .	7	...	...	...	6	1	...	...	...	...	1	3	1	...	...	...	1	...
Gonorrhœal warts . .	6	...	...	...	5	1	...	...	...	...	...	...	1	1	1	1	...	2
Gonorrhœa . . .	19	...	...	...	9	9	1	...	...	...	...	4	2	3	4	1	2	3
Peri-urethral abscess .	5	...	...	...	3	...	1	1	...	...	2	3	...	...	...	...	...	...
Acute prostatitis . .	4	...	...	...	3	...	1	...	...	...	1	2	1	...	...	...	...	...
Cystitis . . .	7	3	1	...	2	1	1	...	5	...	...	...	2	1	2	1	4	...
Stricture of urethra .	18	...	...	...	1	3	9	4	1	...	...	...	...	2	2	1	13	...
Retention of urine . .	35	...	1	...	...	4	7	7	5	11	27	5	...	2	...	...	1	...
Extravasation of urine .	6	...	2	...	...	1	2	...	1	...	5	1	...	...	...	...	...	...
Incontinence of urine .	2	1	1	1	1	...	...	...	...	...	...	1	...	...	...	...	2	...
Urinary fistula . . .	4	...	...	...	...	1	...	2	1	...	...	...	...	...	1	1	2	...
Hæmaturia . . .	10	1	...	...	...	3	1	1	4	2	2	...	1	2	2	...	4	...
Movable kidney . . .	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Lardaceous kidney . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
Calcifying hæmatoma of kidney	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Tubercular pyelitis . .	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...
Pyonephrosis . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Hydronephrosis . . .	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	...
Nephralgia . . .	3	1	...	...	...	...	2	1	...	1	...	1	...	...	...	1	2	...
Renal calculus . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Vesical calculus . . .	2	...	1	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...



according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	4	21	8	...	...	...	...	...	31	...	...	2		Death from hæmorrhage after Whitehead 1; fibroid of uterus 1.
...	...	1	2	...	...	...	...	...	3	...	...	...		
...	...	2	1	...	...	...	...	...	2	1	...	...		
...	1	2	...	...	1	...	...	...	4	...	...	...		Papillomata of rectum 1.
...	...	1	...	...	...	...	...	...	1	...	...	...		Syphilitic.
...	1	2	...	...	...	...	...	...	3	...	...	...		
2	8	11	9	...	...	...	...	...	27	3	...	...		Tubercular 1; measles 1; adenoma of breast 1; hæmorrhoids 1.
...	2	2	1	...	...	...	...	...	5	...	...	...		
1	...	...	...	...	...	...	...	...	1	...	...	...		
1	...	...	...	...	...	...	...	...	1	...	...	...		
...	...	...	2	...	...	...	...	...	2	...	...	...		Old injury 1; imperfect external sphincter 1.
...	3	2	...	...	...	...	...	...	5	...	...	...		
...	1	...	...	...	...	...	...	...	1	...	...	...		
...	2	5	1	...	...	...	...	...	4	4	...	...		
...	1	1	...	...	...	...	...	...	2	...	...	...		Removal and Paquelin's cautery.
...	...	1	...	...	...	...	...	...	1	...	...	...		Rickets.
...	3	1	3	...	...	...	...	...	6	1	...	...		
...	2	1	3	...	...	...	...	...	4	2	...	...		Pregnancy 1.
1	7	3	8	...	...	...	...	...	15	3	1	...		
...	1	1	3	...	...	...	...	...	5	...	...	...		
...	1	3	...	...	...	...	...	...	4	...	...	...		Abscess in 3.
1	1	4	3	1	...	...	...	...	2	5	1	2		Tubercular 3.
1	3	9	3	2	...	...	...	...	12	4	...	2		Traumatic 4; pyæmia 2.
7	12	9	7	...	...	...	...	...	21	11	...	3		Due to enlarged prostate 12.
2	...	1	...	2	...	1	...	...	4	...	...	2		
...	1	1	...	1	...	...	...	...	1	1	...	1		Phimosis 1; hysteria 1; chronic interstitial nephritis 1.
1	...	1	...	...	...	2	...	...	1	2	...	1		Extravasation of urine 1.
...	3	4	2	2	...	...	...	...	2	5	4	...		Malingering 1; cause unascertained 10.
...	...	...	1	...	...	...	...	...	1	...	...	...		Also in 2 cases of hydronephrosis, q. v.
...	...	...	1	...	...	...	...	...	...	...	...	1		
...	1	...	...	...	...	...	...	...	...	...	...	1		
...	...	1	...	...	...	...	...	...	...	...	...	1		See also under Renal calculus.
...	...	1	1	...	...	...	...	...	...	2	...	...		Movable kidney in both cases.
1	...	1	2	...	...	...	...	...	3	1	...	...		Lumbar exploration 3; blood-clot in ureter 1; unascertained 3.
...	...	...	1	...	...	...	...	...	1	...	...	...		
...	...	...	1	...	1	...	...	...	1	...	...	1		See also Urethral calculus for 2 cases.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not re- ported.
<b>GENITO-URINARY SYSTEM—</b>																		
<i>continued.</i>																		
Urethral calculus . . .	3	...	...	...	2	1	...	...	...	...	...	...	...	2	1	...	...	...
Hydrocele of cord . . .	3	...	1	...	2	...	...	...	...	...	...	...	...	2	2	...	...	1
Do. of tunica vaginalis .	7	...	1	...	2	1	...	2	1	...	...	...	1	1	1	...	4	...
Do. congenital . . .	2	...	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...
Hæmatocele . . .	2	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	1
Undescended testis . . .	3	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	3	...
Epididymitis . . .	5	...	...	...	1	2	1	1	...	...	1	3	1	...	...	...	...	...
Tubercle of testis . . .	7	...	...	...	1	3	2	1	...	...	...	...	...	1	3	2	1	...
Gumma of testis . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Pyosalpinx . . .	...	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Mastitis . . .	...	3	...	...	1	...	2	...	...	...	...	...	2	1	...	...	...	...
Do. (tubercular) . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Do. (chronic interstitial)	...	2	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...
<b>OSSEOUS SYSTEM.</b>																		
<i>Acute necrosis—</i>																		
Multiple . . .	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Humerus . . .	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Ulna . . .	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Femur . . .	3	2	...	3	1	1	...	...	...	...	3	2	...	...	...	...	...	...
Tibia . . .	3	2	1	1	3	...	...	...	...	...	2	2	...	1	...	...	...	...
Os calcis . . .	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Metatarsal . . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
<i>Acute periostitis—</i>																		
Inferior maxilla . . .	2	...	1	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...
Femur . . .	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Tibia . . .	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
<i>Chronic periostitis—</i>																		
Multiple . . .	1	1	...	1	...	1	...	...	...	...	...	...	...	...	1	...	1	...
Inferior maxilla . . .	2	3	1	2	...	2	...	...	...	...	1	2	1	...	1	...	...	...
Femur . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Os calcis . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
<i>Epiphysitis—</i>																		
Humerus . . .	4	2	5	...	1	...	...	...	...	...	2	4	...	...	...	...	...	...
Femur . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Tibia . . .	1	1	1	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...
<i>Osteitis—</i>																		
Humerus . . .	2	1	...	1	2	...	...	...	...	...	...	...	...	1	1	...	1	...
Femur . . .	3	...	...	...	...	1	1	1	...	...	...	...	...	1	1	...	1	...
Tibia . . .	1	1	...	...	...	1	1	...	...	...	...	...	1	...	...	...	1	...

according to authorised Nomenclature—continued.

Duration of residence.									Result.				Remarks.
Dys.	Dys.	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12					
...	...	...	1	2	...	...	...	...	1	2	...	...	1 case admitted twice.
...	1	1	1	...	...	...	...	...	2	...	1	...	
...	4	2	...	1	...	...	...	...	6	1	...	...	
...	1	1	...	...	...	...	...	...	1	1	...	...	Undescended testis 1.
...	...	1	1	...	...	...	...	...	2	...	...	...	
1	...	1	1	...	...	...	...	...	2	1	...	...	Inflamed 2.
...	...	4	1	...	...	...	...	...	4	1	...	...	Double 1.
...	2	3	2	...	...	...	...	...	3	2	2	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	...	...	1	...	...	...	1	...	...	Double, fæcal fistula.
...	2	...	1	...	...	...	...	...	2	1	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	Amputation of breast.
...	2	...	...	...	...	...	...	...	1	1	...	...	Cystic 1.
...	...	...	...	1	...	...	...	...	...	1	...	...	
...	...	...	...	1	...	...	...	...	...	1	...	...	Right tibia, left fibula.
...	...	...	1	...	...	...	...	...	1	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	
...	...	...	2	1	1	1	...	...	3	1	...	1	Pyæmia 1.
1	...	...	...	2	1	...	1	...	2	2	...	1	Pyæmia 1.
...	...	...	...	1	...	...	...	...	1	...	...	...	Pyæmia.
...	...	1	...	...	...	...	...	...	1	...	...	...	First metatarsal.
...	2	...	...	...	...	...	...	...	1	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	1	...	...	...	...	...	2	...	...	Both syphilitic.
1	2	1	...	1	...	...	...	...	4	1	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Probably syphilitic.
...	...	2	2	2	...	...	...	...	3	2	...	1	Upper 2; lower 4.
...	...	...	1	...	...	...	...	...	1	...	...	...	Tubercular, of lower end.
...	1	...	1	...	...	...	...	...	1	...	...	1	Upper end. Temperature 103° in fatal case.
...	1	...	2	...	...	...	...	...	1	2	...	...	
...	...	1	...	1	...	1	...	...	1	2	...	...	
...	1	...	1	...	...	...	...	...	...	2	...	...	Syphilitic 1.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not re- ported.
<b>OSSEOUS SYSTEM—continued.</b>																		
<i>Abscess of bone—</i>																		
Humerus . . . . .	2	...	2	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...
Tibia . . . . .	1	3	...	1	1	2	...	...	...	...	...	...	1	1	...	2	...	...
<i>Caries—</i>																		
Sternum . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Ribs . . . . .	...	4	...	1	1	...	...	...	1	1	...	...	1	1	1	...	1	...
Humerus . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Phalanges (fingers) . . . . .	1	1	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...
Os innominatum . . . . .	3	2	1	...	2	1	...	1	...	...	...	...	...	2	...	1	2	...
Sacrum . . . . .	2	...	...	...	...	1	...	1	...	...	...	...	...	...	1	1	...	...
Femur . . . . .	3	1	...	...	3	1	...	...	...	...	...	...	...	2	...	2	2	...
Tibia . . . . .	3	3	1	1	1	1	1	...	...	1	...	...	...	2	...	2	3	1
Tarsus . . . . .	4	...	1	...	2	1	...	...	...	...	...	...	...	...	1	1	2	...
Metatarsus . . . . .	2	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	2	...
Phalanges (toes) . . . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
<i>Necrosis—</i>																		
Vault of skull . . . . .	2	2	1	...	2	1	...	...	...	...	...	1	...	1	...	1	1	...
Ethmoid . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
Superior maxilla . . . . .	1	1	...	1	1	...	...	...	...	...	...	1	...	1	...	...	...	...
Inferior maxilla . . . . .	11	9	3	1	3	8	3	2	...	...	...	2	1	4	4	1	8	...
Humerus . . . . .	2	2	...	2	2	...	...	...	...	...	...	...	...	1	1	1	1	...
Radius . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Metacarpus . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Phalanges (fingers) . . . . .	2	1	...	...	1	...	...	1	1	...	...	...	...	3	...	...	...	...
Ribs . . . . .	3	5	...	...	2	1	1	4	...	...	...	...	...	1	2	1	4	...
Os innominatum . . . . .	2	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...
Sacrum . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Femur . . . . .	5	3	...	1	2	4	...	1	...	...	...	...	...	...	...	1	7	...
Patella . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Tibia . . . . .	12	2	...	3	6	1	2	2	...	...	...	...	...	2	3	2	7	...
Fibula . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Phalanges (toes) . . . . .	1	1	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...	...
<b>DISEASES OF EAR WITH COMPLICATIONS.</b>																		
Otitis externa . . . . .	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
Otitis media . . . . .	9	5	4	5	1	3	1	...	...	...	1	2	1	3	3	...	4	...
Caries of mastoid . . . . .	21	16	10	5	9	7	2	1	1	2	...	6	6	8	4	...	13	...
Cerebellar abscess . . . . .	...	2	...	...	1	1	...	...	...	...	...	...	1	...	1	...	...	...





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DISEASE.	Sex.		Age.									Duration before admission.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not re- ported.		
DISEASES OF JOINTS.																				
Shoulder—																				
Tubercular arthritis	3	...	1	...	...	...	2	...	...	...	...	...	1	...	...	...	2	...		
Elbow—																				
Tubercular arthritis	6	5	...	...	6	4	...	...	1	...	...	...	...	4	2	5	...	...		
Suppurative arthritis	...	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...		
Gonorrhœal arthritis	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...		
Ankylosis	2	...	...	1	...	...	...	1	...	...	...	...	...	1	1	...	...	...		
Inferior radio-ulnar—																				
Tubercular arthritis	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...		
Wrist and inter-carpal—																				
Tubercular arthritis	4	1	...	...	1	3	...	1	...	...	...	...	...	2	...	...	2	1		
Septic arthritis	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...		
Metacarpo-phalangeal—																				
Tubercular arthritis	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...		
Sacro-iliac—																				
Tubercular arthritis	2	1	...	...	1	1	...	...	...	1	...	...	...	...	1	2	...	...		
Hip—																				
Tubercular arthritis	27	17	6	15	17	4	1	1	...	...	...	6	3	10	1	24	...	...		
Rheumatoid arthritis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...		
Charcot's joint	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...		
Hysterical joint	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...		
Ankylosis	2	9	...	5	2	3	...	1	...	...	...	...	...	...	1	10	...	...		
Knee—																				
Tubercular arthritis	16	8	3	4	8	5	2	1	1	...	...	1	3	3	5	12	...	...		
Suppurative arthritis	3	2	...	1	2	1	1	...	...	2	2	...	1	...	...	...	...	...		
Syphilitic arthritis	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...		
Gonorrhœal arthritis	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...		
Rheumatoid arthritis	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...		
Synovitis	4	2	...	1	2	3	...	...	...	...	2	2	...	1	...	1	...	...		
Hydrarthrosis	2	...	...	...	...	...	1	...	1	...	...	...	...	1	...	1	...	...		
Hæmarthrosis	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...		
Hysterical joint	...	2	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...	...		
Internal derangement	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...		
Ankylosis	2	3	...	1	1	3	...	...	...	...	...	...	...	2	1	2	...	...		
Ankle—																				
Tubercular arthritis	5	1	...	4	2	...	...	...	...	...	...	...	...	1	2	3	...	...		

according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	1	...	2	...	...	...	...	...	1	2	...	...	Scarlet fever 1.
...	...	3	3	2	2	1	...	...	...	5	4	...	2	Tubercular mass in cerebellum 1.
...	...	1	...	...	...	...	...	...	...	...	...	...	1	See Special Summary.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	1	1	...	...	...	...	...	...	...	1	1	...	
1	...	...	...	...	...	...	...	...	...	...	1	...	...	
...	1	3	...	1	...	...	...	...	...	4	1	...	...	1 case admitted twice.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	2	...	1	...	...	...	...	3	...	...	...	Double 1.
1	8	9	9	8	5	4	...	1	3	35	4	2	...	Fistula in ano 1.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	...	1	...	...	...	Tabes dorsalis for 7 years.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	1	2	5	2	1	...	...	...	...	4	6	1	...	Readmissions 2.
...	1	5	8	7	2	...	1	...	14	10	...	...	...	
...	...	...	2	2	...	1	...	...	3	1	...	1	...	? Epiphysitis 1. For fatal case see Special [Summary.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	1	...	1	...	...	...	...	...	...	2	...	...	...	
...	2	3	1	...	...	...	...	...	...	2	4	...	...	Gonorrhoeal 1; congenital syphilis 2.
...	...	1	...	1	...	...	...	...	...	2	...	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
1	1	...	...	...	...	...	...	...	...	2	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Typical history of displaced semilunar cartilage, but nothing found at operation.
...	1	2	2	...	...	...	...	...	...	1	3	1	...	
...	...	1	1	2	2	...	...	...	...	3	3	...	...	1 case admitted three times.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not re- ported.
DISEASES OF JOINTS—con-																		
tinued.																		
Tarsus—																		
Tubercular arthritis	5	3	1	2	1	...	3	...	1	...	...	...	...	4	...	4	...	...
Metatarso-phalangeal—																		
Ankylosis	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Inter-phalangeal—																		
Tubercular arthritis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Multiple—																		
Tubercular arthritis	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Suppurative arthritis	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Gonorrhœal arthritis	1	1	...	...	...	2	...	...	...	...	1	...	1	...	...	...	...	...
Ankylosis	1	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	1	...
DISEASES OF SPINE.																		
Cervical caries	6	1	1	3	2	...	...	...	...	1	...	...	1	1	2	1	1	1
Dorsal caries	4	3	3	3	...	1	...	...	...	...	1	...	...	...	...	1	4	1
Dorsi-lumbar caries	1	3	1	1	2	...	...	...	...	...	...	1	2	...	...	...	1	...
Lumbar caries	1	2	...	1	...	...	1	1	...	...	...	...	1	...	...	...	2	...
Acute necrosis	1	1	...	...	2	...	...	...	...	1	1	...	...	...	...	...	...	...
DISEASES OF BURSE.																		
Acute bursitis	6	15	1	1	4	10	3	1	1	...	6	11	2	1	1	...	...	...
Chronic bursitis	2	11	...	2	...	6	5	...	...	...	...	...	...	2	2	1	7	...
Tubercular bursitis	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Ganglion	...	3	...	...	1	2	...	...	...	...	...	...	...	...	...	...	3	...
Tuberculosis of tendon sheaths	3	1	...	1	1	2	...	...	...	...	...	...	...	2	...	...	2	...
DEFORMITIES.																		
Torticollis	2	3	...	3	2	...	...	...	...	...	...	...	...	...	...	1	4	...
Genu valgum	4	2	...	1	3	...	2	...	...	...	...	...	...	...	...	2	3	1
Talipes equinus	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...
„ equino-varus	8	5	7	3	3	...	...	...	...	...	...	...	...	...	...	1	12	...
„ varus	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
„ valgus	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Pes planus	4	3	...	...	5	2	...	...	...	...	...	...	...	2	1	2	2	...
Pes cavus	4	1	1	1	...	3	...	...	...	...	...	...	...	...	...	1	4	...
Hallux valgus	1	1	...	...	1	...	...	...	...	1	...	...	...	...	...	1	1	...
Hammer-toe	7	3	...	...	7	3	...	...	...	...	...	...	...	1	1	...	8	...
Dupuytren's contraction	2	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1	...
Cicatricial deformity of nose	1	2	...	...	...	2	...	1	...	...	...	...	...	...	...	...	3	...

according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys.	Dys.	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12						
...	...	1	2	3	1	1	...	...	...	2	5	...	1	1 case admitted twice.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	1	...	...	...	...	...	...	...	1	...	...	
...	...	...	...	...	...	...	1	...	...	...	1	...	...	
...	...	2	...	...	...	...	...	...	...	2	...	...	...	Both knee and ankle.
1	...	1	...	...	...	...	...	...	...	1	...	1	...	Elbow and wrist 1; all joints upper extremity 1.
...	1	3	1	2	...	...	...	...	...	5	1	1	...	Readmissions 2.
...	1	2	3	1	...	...	...	...	...	5	1	1	...	Dorsal abscess 3; lumbar abscess 1; measles 1.
...	...	1	1	2	...	...	...	...	...	2	1	1	...	Psoas abscess 2; lumbar abscess 2.
...	...	...	1	...	...	2	...	...	...	2	1	...	...	Lumbar abscess 3; iliac abscess also in 2.
1	...	1	...	...	...	...	...	...	...	...	...	2	...	Lumbar 1; cervical (first, second, and third) 1.
1	11	6	2	1	...	...	...	...	...	21	...	...	...	
...	4	7	2	...	...	...	...	...	...	12	...	1	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	2	...	1	...	...	...	...	...	...	3	...	...	...	
...	...	3	1	...	...	...	...	...	...	3	1	...	...	
...	3	1	1	...	...	...	...	...	...	2	3	...	...	Adenoids 1.
...	1	...	1	2	2	...	...	...	...	4	1	1	...	Congenital dislocation opposite hip 1; double 2.
...	...	1	1	...	...	...	...	...	...	...	2	...	...	Cephal-hydrocele 1.
1	1	3	4	3	1	...	...	...	...	6	7	...	...	Double 5; 1 case admitted twice.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	Double.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
...	3	1	1	2	...	...	...	...	...	3	3	1	...	Marked associated talipes valgus 2.
...	2	...	2	1	...	...	...	...	...	1	3	1	...	1 case admitted twice.
...	1	...	1	...	...	...	...	...	...	1	1	...	...	
...	...	8	2	...	...	...	...	...	...	9	1	...	...	1 case admitted twice.
...	1	1	...	...	...	...	...	...	...	...	2	...	...	
...	2	...	1	...	...	...	...	...	...	1	2	...	...	

TABLE I.—*Abstract, showing Diseases, &c., in Classes,*

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic	Not re- ported.
<b>DEFORMITIES—continued.</b>																		
Cicatricial contraction—																		
Lower lid . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Urethra . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
Elbow . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Hand . . . . .	4	...	1	...	...	...	2	1	...	...	...	...	...	1	1	1	1	...
Tendo Achillis . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
Paralytic deformity—																		
Lower extremity . . . . .	2	3	...	1	1	3	...	...	...	...	...	...	...	...	...	...	5	...
Deviated septum nasi . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Perforation of palate . . . . .	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...
Congenital dislocatn. of hip . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Pathological " " . . . . .	2	1	...	1	2	...	...	...	...	...	...	...	...	...	...	...	3	...
Old standing " " . . . . .	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...
Vicious union of fracture—																		
Upper extremity . . . . .	3	...	...	3	...	...	...	...	...	...	...	...	...	...	3	...	...	...
Lower extremity . . . . .	5	2	1	...	2	...	2	1	1	...	...	...	...	...	2	1	4	...
Contracted knee . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Separation pubicsymphysis . . . . .	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Ruptured perinæum . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Recto-vesico-vaginal fistula . . . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Conical stump . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Ingrowing toe-nail . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
<b>MALFORMATIONS.</b>																		
Single harelip . . . . .	6	3	9	...	...	...	...	...	...	...	...	...	...	3	4	1	1	...
Double harelip . . . . .	2	1	3	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...
Cleft palate and harelip . . . . .	5	2	7	...	...	...	...	...	...	...	2	...	...	3	2	...	...	...
Cleft palate . . . . .	4	7	6	2	2	1	...	...	...	...	...	1	...	...	...	...	10	...
Spina bifida . . . . .	4	3	6	...	1	...	...	...	...	...	5	...	1	...	...	...	1	...
Hypospadias . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Imperforate rectum . . . . .	2	1	3	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...
" anus . . . . .	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
<b>SKIN AND CELLULAR TISSUE.</b>																		
Sinus—																		
Head and neck . . . . .	1	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	1
Trunk . . . . .	3	...	...	...	1	1	1	...	...	...	...	...	...	...	1	...	2	...
Upper extremity . . . . .	2	1	1	...	1	1	...	...	...	...	...	...	...	1	1	1	...	...
Lower extremity . . . . .	9	3	...	...	4	5	2	...	1	...	...	...	1	1	2	4	4	...
Abscess—																		
Scalp and face . . . . .	6	1	2	...	1	2	2	...	...	...	3	3	...	1	...	...	...	...
Auditory meatus . . . . .	1	1	...	...	1	1	...	...	...	...	1	...	1	...	...	...	...	...
Neck . . . . .	17	10	6	4	2	6	4	2	3	...	6	11	3	4	1	1	1	...



according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Following amputation of penis 7 years ago.
...	1	...	...	...	...	...	...	...	1	...	1	...	...	
...	3	...	1	...	...	...	...	...	2	2	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	1 case admitted twice.
...	...	1	2	2	...	...	...	...	1	1	2	1	...	Tetanus 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	Hard 1, soft 1.
...	...	2	...	...	...	...	...	...	2	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	1 case admitted twice. Old infantile paralysis 1; head of femur pegged into acetabulum 2, subsequent amputation 1.
1	...	...	...	1	...	1	...	...	1	1	1	...	...	
...	...	...	...	1	1	...	...	...	2	...	...	...	...	
1	1	...	...	1	...	...	...	...	1	...	2	...	...	
1	1	3	1	1	...	...	...	...	2	1	4	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	1	4	4	...	...	...	...	...	8	1	...	...	...	Measles 1.
...	2	1	...	...	...	...	...	...	1	...	2	...	...	
1	1	4	...	1	...	...	...	...	1	3	3	...	...	1 case admitted twice; adenoids 1. Hydrocephalus 1; double talipes equino-varus 1; perforating ulcers 1; gonorrhoeal ophthalmia 1.
...	4	2	3	2	...	...	...	...	5	2	4	...	...	
2	...	1	2	2	...	...	...	...	1	...	6	...	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	...	Recto-vaginal fistula.
3	...	...	...	...	...	...	...	...	...	...	3	...	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
1	1	...	...	...	...	...	...	...	1	...	...	1	...	Tubercular meningitis in fatal case.
...	...	1	1	1	...	...	...	...	3	...	...	...	...	
...	1	1	1	...	...	...	...	...	3	...	...	...	...	1 case admitted twice; fæcal fistula 1.
...	5	3	3	...	1	...	...	...	6	4	2	...	...	
2	3	2	...	...	...	...	...	...	6	1	...	...	...	Scarlet fever 1.
...	2	...	...	...	...	...	...	...	2	...	...	...	...	
3	14	10	...	...	...	...	...	...	26	1	...	...	...	

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes

DISEASE.	Sex.		Age.								Duration before admission.								Chronic.	Not re-ported.
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12				
SKIN AND CELLULAR TISSUE																				
—continued.																				
Abscess ( <i>continued</i> )—																				
Post-pharyngeal . . . .	3	...	2	...	1	...	...	...	...	...	1	1	...	...	1	...	...	...		
Axilla . . . . .	9	2	4	2	1	4	...	...	...	...	4	3	3	...	1	...	...	...		
Arm . . . . .	4	3	2	1	3	...	...	1	...	...	...	2	1	3	1	...	...	...		
Forearm and hand . . . .	3	1	2	1	...	...	...	1	...	...	1	...	3	...	...	...	...	...		
Thoracic wall . . . . .	4	4	2	...	1	1	2	...	1	1	1	3	1	1	2	...	...	...		
Mammary . . . . .	...	3	...	...	...	3	...	...	...	...	...	1	2	...	...	...	...	...		
Sub-mammary . . . . .	...	2	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...		
Abdominal wall . . . . .	2	2	1	...	...	...	1	1	...	1	...	1	...	2	1	...	...	...		
Dorsal . . . . .	1	1	1	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...		
Iliac . . . . .	2	...	...	...	1	...	1	...	...	...	...	...	1	1	...	...	...	...		
Lumbar . . . . .	2	3	...	1	2	...	1	1	...	...	...	...	1	2	2	...	...	...		
Peri-nephritic . . . . .	2	...	...	...	1	...	...	1	...	...	...	1	...	1	...	...	...	...		
Ischio-rectal . . . . .	12	1	2	1	3	3	2	2	...	...	6	5	1	1	...	...	...	...		
Perinæal . . . . .	3	...	...	...	...	...	1	2	...	...	...	1	1	1	...	...	...	...		
Labial . . . . .	...	3	1	...	...	1	...	1	...	...	2	1	...	...	...	...	...	...		
Groin . . . . .	8	2	3	1	5	1	...	...	...	...	2	5	2	1	...	...	...	...		
Buttock . . . . .	4	2	1	1	3	...	1	...	...	...	...	2	2	1	...	...	1	...		
Thigh . . . . .	9	3	5	1	2	2	1	...	1	...	2	3	2	2	2	...	1	...		
Popliteal . . . . .	3	1	4	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...		
Leg . . . . .	11	3	1	3	5	2	1	...	1	1	6	2	5	1	...	...	...	...		
Foot . . . . .	2	...	...	...	1	1	...	...	...	...	...	1	...	...	1	...	...	...		
Cellulitis—																				
Scalp and face . . . . .	2	3	1	2	...	...	...	2	...	...	4	1	...	...	...	...	...	...		
Submaxillary . . . . .	2	...	...	...	...	1	...	1	...	...	...	2	...	...	...	...	...	...		
Neck . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...		
Arm . . . . .	4	2	...	...	...	...	2	1	2	1	...	4	1	1	...	...	...	...		
Forearm and hand . . . .	16	8	...	...	8	4	4	3	3	2	8	12	3	1	...	...	...	...		
Perinæal . . . . .	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...		
Ischio-rectal . . . . .	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...		
Penis . . . . .	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...		
Thigh . . . . .	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...		
Leg . . . . .	7	1	...	1	...	2	1	2	...	2	1	2	2	3	...	...	...	...		
Foot . . . . .	6	4	...	...	2	1	3	2	2	...	3	4	2	1	...	...	...	...		
Ulcer—																				
Face . . . . .	1	1	...	...	1	...	1	...	...	...	...	1	...	...	...	...	1	...		
Arm . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...		
Groin . . . . .	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...		
Thigh . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...		

according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys.	Dys	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12						
...	1	2	...	...	...	...	...	...	...	3	...	...	...	
3	4	4	...	...	...	...	...	...	...	9	...	...	2	P.M.—Pleura contained 10 oz. semi-purulent fluid in one; much collapse of lung in other.
...	3	3	...	1	...	...	...	...	...	5	2	...	...	1 case admitted twice.
...	2	2	...	...	...	...	...	...	...	4	...	...	...	
...	5	3	...	...	...	...	...	...	...	8	...	...	...	
...	...	1	2	...	...	...	...	...	...	3	...	...	...	Double 2; subcutaneous tubercular abscess of areola 1.
...	...	1	1	...	...	...	...	...	...	2	...	...	...	
...	3	...	1	...	...	...	...	...	...	3	...	...	1	Diabetic coma in fatal case.
...	2	...	...	...	...	...	...	...	...	2	...	...	...	
...	...	1	...	1	...	...	...	...	...	1	...	...	1	P.M.—Two abscesses of liver, one communicating with an abscess of right lung, the other with the iliac abscess.
...	1	...	2	1	...	...	...	...	...	1	3	...	1	Tubercular meningitis in fatal case; iliac abscess 1; fæcal fistula 1.
...	...	...	1	1	...	...	...	...	...	2	...	...	...	
1	5	3	1	3	...	...	...	...	...	13	...	...	...	Internal hæmorrhoids 1.
...	1	1	1	...	...	...	...	...	...	3	...	...	...	
...	2	...	1	...	...	...	...	...	...	3	...	...	...	? Cervical caries 1.
1	1	5	3	...	...	...	...	...	...	10	...	...	...	
...	...	2	3	1	...	...	...	...	...	6	...	...	...	
...	2	6	3	1	...	...	...	...	...	10	1	...	1	Death from measles.
...	2	...	2	...	...	...	...	...	...	4	...	...	...	
...	2	9	3	...	...	...	...	...	...	14	...	...	...	
...	2	...	...	...	...	...	...	...	...	2	...	...	...	
...	4	1	...	...	...	...	...	...	...	5	...	...	...	
...	2	...	...	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	2	4	...	...	...	...	...	...	4	1	...	1	Atrophic scirrhus of breast 1; carbuncle 1.
1	9	7	6	1	...	...	...	...	...	23	1	...	...	Abscess of buttock 1.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	3	4	1	...	...	...	...	...	7	...	...	1	Pyæmia 1. See Special Table III.
1	5	1	2	...	1	...	...	...	...	8	1	...	1	Diabetic coma in fatal case; gangrene 1.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	...	1	Congenital syphilis and chicken-pox.
...	1	...	...	...	...	...	...	...	...	1	...	...	...	

TABLE I.—*Abstract, showing Diseases, &c., in Classes,*

DISEASE.	Sex.		Age.								Duration before admission.								Chronic	Not re-ported.
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12				
SKIN AND CELLULAR TISSUE																				
—continued.																				
Ulcer (continued)—																				
Leg . . . . .	8	3	...	...	1	4	2	2	2	...	...	2	1	2	...	6	...			
Foot . . . . .	5	...	1	...	1	1	2	...	...	...	1	...	1	1	...	3	...			
Splint sore . . . . .	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...			
Multiple tubercular lesions	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...			
Tuberculosis of scar .	4	...	...	...	3	1	...	...	...	...	...	...	...	1	1	2	...			
Furuncle . . . . .	2	...	...	1	1	...	...	...	...	...	1	1	...	...	...	...	...			
Carbuncle . . . . .	2	1	...	...	...	...	2	1	...	1	2	...	...	...	...	...	...			
Scabies . . . . .	...	2	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...			
Pityriasis rubra . . . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...			
Dermatitis exfoliativa .	...	1	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...			
Eczema . . . . .	2	1	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...			
Lupus . . . . .	6	6	...	8	2	2	...	...	...	...	...	...	...	1	...	11	...			
Erythema . . . . .	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...			
„ nodosum . . . . .	...	2	1	...	1	...	...	...	...	1	1	...	...	...	...	...	...			
Morphœa . . . . .	...	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...			
Bromide rash . . . . .	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...			
Vesication . . . . .	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...			
VARIOUS.																				
Painful scar . . . . .	1	3	...	1	1	2	...	...	...	...	...	...	...	2	...	2	...			
„ stump . . . . .	3	...	...	...	1	...	1	1	...	...	...	...	...	1	2	...	...			
Edema of stump . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...			
Diabetes . . . . .	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...			
Purpura . . . . .	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...			
Raynaud's disease . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...			
Rheumatic fever . . . .	2	2	...	1	1	2	...	...	...	2	1	1	...	...	...	...	...			
Hysteria . . . . .	...	4	...	2	2	...	...	...	...	2	...	...	1	...	...	1	...			
Malingering . . . . .	7	...	...	2	2	3	...	...	...	1	...	...	...	1	1	3	1			
Cretinism . . . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...			
Disseminated sclerosis .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...			
Coccygodynia . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...			
High temperature . . .	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...			
Lateral curvature . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...			
Colic . . . . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...			
Alcoholism . . . . .	1	2	...	...	3	...	...	...	...	...	...	...	...	...	...	3	...			
Trivial . . . . .	5	6	1	1	3	3	2	1	...	4	2	2	2	...	...	...	1			
Total . . . . .	{ 1164 / 763 }		1927																	

according to authorised Nomenclature—continued.

Duration of residence.									Result.				Remarks.	
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.		
1	1	3	6	...	...	...	...	...	8	2	1	...	Trophic, old fracture of spine 1.	
...	1	2	1	1	...	...	...	...	4	1	...	...		
...	...	1	...	...	...	...	...	...	1	...	...	...		
...	...	...	...	1	...	...	...	...	...	...	...	1	Tubercular meningitis.	
3	...	1	...	...	...	...	...	...	4	...	...	...	P.M.—Recent pleurisy; kidneys cystic.	
...	2	...	...	...	...	...	...	...	2	...	...	...		
1	1	...	1	...	...	...	...	...	2	...	...	1		
...	1	1	...	...	...	...	...	...	2	...	...	...	P.M.—Heart fatty; mitral regurgitation.	
...	...	...	...	1	...	...	...	...	1	...	...	...		
...	...	...	1	1	...	...	...	...	1	1	...	...		
1	3	4	2	2	...	...	...	...	8	4	...	...	P.M.—Recent hæmorrhages into thyroid, cortex of kidney, and choroid plexuses of brain.	
...	1	...	...	...	...	...	...	...	1	...	...	...		
...	2	...	...	...	...	...	...	...	2	...	...	...		
...	...	1	...	...	...	...	...	...	...	...	...	1	P.M.—Heart fatty; mitral regurgitation.	
...	1	...	...	...	...	...	...	...	...	1	...	...	Due to pickling fluid.	
1	...	...	...	...	...	...	...	...	1	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...		
...	2	...	1	1	...	...	...	...	4	...	...	...	Albuminuria.	
...	2	1	...	...	...	...	...	...	1	2	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	1	Gangrene of foot.	
1	...	...	...	...	...	...	...	...	...	...	...	1	P.M.—Recent hæmorrhages into thyroid, cortex of kidney, and choroid plexuses of brain.	
...	1	...	...	...	...	...	...	...	...	1	...	...	Grafted with human thyroid body in subcutaneous tissue.	
...	3	...	...	...	...	...	...	...	4	...	...	...		
...	3	1	...	...	...	...	...	...	3	1	...	...		
1	4	...	2	...	...	...	...	...	1	1	5	...	Grafted with human thyroid body in subcutaneous tissue.	
...	...	1	...	...	...	...	...	...	...	1	...	...		
...	...	1	...	...	...	...	...	...	...	1	...	...		
1	...	...	...	...	...	...	...	...	...	1	...	...	Previous excision of coccyx.	
...	1	...	...	...	...	...	...	...	1	...	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	...	Readmitted after old fracture of base.	
...	1	...	...	...	...	...	...	...	...	1	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	...		
2	1	...	...	...	...	...	...	...	2	1	...	...	Transferred to medical side.	
4	4	3	...	...	...	...	...	...	2	1	...	...		
...	...	...	...	...	...	...	...	...	8	2	1	...		
									1221	420	140	146	Previous excision of coccyx.	
									1927					



TABLE II.—Abstract, showing Injuries, &amp;c., in

INJURIES.	Sex.		Age.								Duration before admission.						
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Hrs. 1-6	Hrs. 7-12	Hrs. 13-24	Dys. 1-3	Dys. 3-6	Dys. 6-6	Not reported
<b>GENERAL INJURIES.</b>																	
Burns . . . . .	32	22	31	5	8	5	1	1	...	3	43	2	3	3	...	3	...
Scalds . . . . .	33	27	39	7	7	2	4	1	...	...	35	5	5	8	4	3	...
Shock . . . . .	2	...	...	1	...	...	...	1	...	...	2	...	...	...	...	...	...
<b>LOCAL INJURIES.</b>																	
<i>Injuries of the head—</i>																	
Contusion . . . . .	4	1	1	1	...	3	...	...	...	...	3	...	1	1	...	...	...
Scalp wounds . . . . .	18	7	2	2	5	2	7	3	1	3	17	...	2	3	...	3	...
Concussion . . . . .	68	13	12	19	17	11	10	6	6	...	62	6	5	8	...	...	...
<i>Fractures of vault—</i>																	
Simple . . . . .	3	2	3	...	...	1	...	1	...	...	4	...	1	...	...	...	...
Compound . . . . .	3	...	...	1	1	...	1	...	...	...	3	...	...	...	...	...	...
" depressed . . . . .	5	...	1	1	2	1	...	...	...	...	3	1	...	1	...	...	...
" comminuted . . . . .	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Fractures of base . . . . .	12	3	...	4	4	1	3	2	1	...	11	3	1	...	...	...	...
" " and vault . . . . .	2	...	...	1	...	...	1	...	...	...	2	...	...	...	...	...	...
<i>Injuries of the face—</i>																	
Contusion . . . . .	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Wound . . . . .	4	4	...	2	1	...	1	2	...	2	3	...	1	3	1	...	...
Fracture of zygoma . . . . .	2	...	1	...	...	...	1	...	...	...	2	...	...	...	...	...	...
" sup. maxilla . . . . .	2	...	...	...	2	...	...	...	...	...	1	...	...	1	...	...	...
" inf. maxilla . . . . .	2	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...
" nasal bones . . . . .	1	1	...	...	1	...	...	...	...	1	1	...	...	1	...	...	...
Contusion of eyeball . . . . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
Rupture of eyeball . . . . .	1	1	...	...	...	...	1	...	...	1	2	...	...	...	...	...	...
Wound of eyeball . . . . .	2	1	...	1	...	...	...	1	1	...	3	...	...	...	...	...	...
<i>Injuries of the neck—</i>																	
Contusion . . . . .	2	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...
Wound . . . . .	4	2	...	...	...	3	2	1	...	...	4	2	...	...	...	...	...
<i>Injuries of the chest—</i>																	
Contusion . . . . .	5	1	...	...	1	2	1	...	1	1	5	1	...	...	...	...	...
Wound . . . . .	2	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...
Wound of lung . . . . .	2	1	...	1	1	1	...	...	...	...	3	...	...	...	...	...	...
Fracture of ribs . . . . .	10	1	...	...	...	1	4	2	1	3	8	1	1	1	...	...	...
Separation of costal cartilages from ribs . . . . .	1	1	...	1	...	...	...	1	...	...	2	...	...	...	...	...	...
<i>Injuries of the back—</i>																	
Contusions . . . . .	4	...	...	...	...	1	1	1	...	1	2	1	...	...	...	1	...
<i>Injuries of the spine—</i>																	
Fracture . . . . .	4	1	...	...	...	...	1	3	1	...	4	1	...	...	...	...	...

*Classes, according to authorised Nomenclature.*

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.		
22	8	9	8	4	2	1	...	...	29	3	...	22		
11	24	17	6	2	...	...	...	...	51	2	...	7		
2	...	...	...	...	...	...	...	...	1	...	...	1		
3	2	...	...	...	...	...	...	...	5	...	...	...	Large hæmatomata in all.	
10	14	1	...	...	...	...	...	...	23	...	...	2		
37	36	7	...	1	...	...	...	...	80	...	...	1		
2	1	1	1	...	...	...	...	...	3	...	...	2	Middle meningeal hæmorrhage 1.	
...	1	2	...	...	...	...	...	...	3	...	...	...		
1	2	2	...	...	...	...	...	...	3	...	...	2		
1	...	...	...	...	...	...	...	...	...	...	...	1		
4	2	3	6	...	...	...	...	...	9	2	...	4		
1	...	1	...	...	...	...	...	...	1	...	...	1		
1	...	...	...	...	...	...	...	...	1	...	...	...		
3	5	...	...	...	...	...	...	...	8	...	...	...	Epilepsy.	
1	1	...	...	...	...	...	...	...	1	...	...	1	Impacted 1; fract. radius and ulna 1.	
1	...	1	...	...	...	...	...	...	2	...	...	...		
...	...	1	...	1	...	...	...	...	2	...	...	...	1 compound.	
...	2	...	...	...	...	...	...	...	1	1	...	...		
1	...	...	...	...	...	...	...	...	1	...	...	...	Detachment of iris.	
1	1	...	...	...	...	...	...	...	2	...	...	...	Excision 2.	
...	3	...	...	...	...	...	...	...	3	...	...	...	" 3.	
2	...	...	...	...	...	...	...	...	2	...	...	...	Subcutaneous emphysema 1.	
2	1	3	...	...	...	...	...	...	5	...	...	1	Self-inflicted 6. Tracheotomy in fatal case.	
4	2	...	...	...	...	...	...	...	6	...	...	...		
1	...	1	...	...	...	...	...	...	2	...	...	...	Gunshot wound, self-inflicted, 1; bullet extracted from back.	
2	...	1	...	...	...	...	...	...	...	...	...	3	See Special Summary. 1 extra under fractured humerus.	
3	2	6	...	...	...	...	...	...	9	...	...	2		
...	2	...	...	...	...	...	...	...	2	...	...	...	Subcutaneous emphysema 1.	
2	2	...	...	...	...	...	...	...	3	...	1	...		
3	...	...	...	2	...	...	...	...	...	2	...	3	Fracture-dislocations 2.	

TABLE II.—Abstract showing Injuries, &amp;c., in

INJURIES.	Sex.		Age.								Duration before admission.						
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Hrs. 1-6	Hrs. 7-12	Hrs. 13-24	Dys. 1-3	Dys. 3-6	Dys. 6-12	Not reported
<i>LOCAL INJURIES—continued</i>																	
<i>Injuries of the abdomen—</i>																	
Contusion . . . . .	11	...	1	4	2	2	1	1	...	...	9	...	...	2	...	...	...
Rupture of intestine .	2	...	...	...	...	1	...	...	...	1	2	...	...	...	...	...	...
"    liver . . . . .	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
"    spleen . . . . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
"    kidney . . . . .	1	1	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...
<i>Injuries of the pelvis—</i>																	
Contusion of perinæum	2	...	...	1	1	...	...	...	...	...	1	...	...	1	...	...	...
Wound of scrotum . . .	4	...	...	1	...	2	1	...	...	...	3	1	...	...	...	...	...
"    vulva . . . . .	...	2	...	...	...	1	...	...	1	...	1	...	...	1	...	...	...
Rupture of urethra . .	2	...	...	1	...	1	...	...	...	...	...	...	1	...	...	1	...
Separation of pubic symphysis	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Fracture of crest of ilium	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Fracture of pelvis . .	3	1	1	...	1	1	...	1	...	...	3	1	...	...	...	...	...
Comp. fract. of sacrum	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
<i>Injuries of upper extremity—</i>																	
Contusion of arm . . .	1	1	...	1	...	1	...	...	...	...	1	...	1	...	...	...	...
"    forearm . . . .	2	...	1	...	...	1	...	...	...	...	...	...	...	1	1	...	...
and hand . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wound of arm . . . . .	2	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	...
"    forearm . . . .	11	2	1	3	1	4	2	2	...	...	10	2	...	...	...	1	...
"    hand . . . . .	14	2	1	1	5	3	3	3	...	...	10	2	...	1	1	2	...
Old injury to median nerve	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Dislocation of clavicle .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
"    humerus . . . .	4	3	...	...	...	...	...	1	2	4	1	...	...	1	1	4	...
"    radius . . . . .	2	...	...	1	...	...	1	...	...	...	1	...	...	...	...	1	...
"    and ulna . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
"    radius . . . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Fracture of clavicle . .	5	1	1	...	2	...	...	3	...	...	5	...	1	...	...	...	...
Do. of humerus . . .	8	3	3	1	2	...	...	1	...	4	7	...	1	1	...	2	...
Do. do., compound .	3	...	...	...	...	2	...	1	...	...	3	...	...	...	...	...	...
Do. do., comp. comminuted	2	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...
Do. of radius and ulna	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
Do. do., comp. comminuted	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
Do. of radius . . . .	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...

*Classes, according to authorised Nomenclature—continued.*

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
8	2	1	...	...	...	...	...	...	11	...	...	...	
1	1	...	...	...	...	...	...	...	...	...	...	2	
1	...	...	...	...	...	...	...	...	...	...	...	1	Laparotomy. 1 extra under Comp. fract. of tibia and fibula.
...	1	...	...	...	...	...	...	...	...	...	...	1	Attempted ligature of splenic vessels.
...	1	1	...	...	...	...	...	...	2	...	...	...	Fracture of ribs 1.
2	...	...	...	...	...	...	...	...	2	...	...	...	
...	1	2	1	...	...	...	...	...	4	...	...	...	Wound of testis 2.
...	1	...	1	...	...	...	...	...	1	...	...	1	Pyæmia 1. See Special Table.
...	1	1	...	...	...	...	...	...	2	...	...	...	1 extra under Fractured neck of femur.
...	...	...	1	...	...	...	...	...	1	...	...	...	Separation 1½ inches.
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	2	1	...	...	1	...	4	...	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	Wound of rectum.
2	...	...	...	...	...	...	...	...	2	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	
...	1	...	1	...	...	...	...	...	2	...	...	...	
1	5	4	3	...	...	...	...	...	10	2	...	1	Tetanus 1.
5	2	7	2	...	...	...	...	...	14	2	...	...	Gunshot 2.
...	...	...	1	...	...	...	...	...	...	1	...	...	Nerve suture.
1	...	...	...	...	...	...	...	...	1	...	...	...	1 male extra included in Special Summary.
3	4	...	...	...	...	...	...	...	6	...	1	...	" " "
...	1	...	...	...	1	...	...	...	1	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Excision of head of radius.
1	4	1	...	...	...	...	...	...	6	...	...	...	Fracture of rib with subcutaneous emphy- sema 1.
2	3	5	1	...	...	...	...	...	7	2	...	2	Hæmophilia 1; anatomical neck 1.
1	...	1	1	...	...	...	...	...	3	...	...	...	
1	...	1	...	...	...	...	...	...	2	...	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	Delirium tremens and cellulitis.
...	...	1	...	...	...	...	...	...	1	...	...	...	Double Colles'.

TABLE II.—*Abstract showing Injuries, &c., in*

INJURIES.	Sex.		Age.								Duration before admission.						
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Hrs. 1-6	Hrs. 7-12	Hrs. 13- 24	Dys. 1-3	Dys. 3-6	Dys. +6	Not reported
LOCAL INJURIES—continued																	
<i>Injuries of upper extre-</i>																	
<i>mity (continued)—</i>																	
Fracture of ulna . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Do., compound . . .	2	1	...	1	...	...	1	...	1	...	2	...	1	...	...	...	...
Do., comp.comminuted . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
Compound fracture of hand	2	...	1	...	...	...	...	1	...	...	1	...	...	1	...	...	...
Do., comp.comminuted . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
<i>Injuries of lower extre-</i>																	
<i>mity—</i>																	
Contusion of hip . . .	1	1	...	...	1	...	...	...	...	1	2	...	...	...	...	...	...
" thigh . . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
" leg . . .	3	...	...	...	1	1	...	...	1	...	2	...	...	...	1	...	...
" foot . . .	3	...	...	1	1	1	...	...	...	...	2	...	1	...	...	...	...
Rupture of popliteal vessels	2	...	...	...	...	...	1	1	...	...	1	...	...	...	...	1	...
Rupture of quadriceps tendon	2	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...
Wound of thigh . . .	7	1	...	2	3	1	1	...	1	...	6	...	...	2	...	...	...
" leg . . .	12	2	2	3	4	1	1	2	1	...	9	1	1	2	...	1	...
" foot . . .	4	1	...	...	2	2	1	...	...	...	3	1	...	...	1	...	...
Needle in knee-joint . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Dislocation of hip . . .	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
" knee . . .	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
" patella . . .	1	1	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...
" ankle . . .	1	1	...	...	1	...	...	...	1	...	2	...	...	...	...	...	...
" astragalus . . .	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
Fracture of neck of femur	8	9	...	...	...	...	1	1	6	9	14	...	...	2	...	1	...
Fracture of shaft of femur	36	27	21	13	8	4	6	2	1	8	55	3	1	3	1	...	...
Do., compound . . .	2	1	...	1	...	...	...	...	1	1	3	...	...	...	...	...	...
Do., comp.comminuted . .	2	...	...	...	...	1	...	...	1	...	2	...	...	...	...	...	...
Separation of upper epiphysis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Ununited fracture of femur	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
Fracture of patella . . .	11	11	...	...	4	4	5	6	3	...	14	...	4	3	1	...	...
" tibia and fibula	63	24	1	11	6	12	24	18	7	8	76	1	6	3	...	1	...
Do., comminuted . . .	2	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...
Do., compound . . .	13	5	1	1	...	2	4	6	3	1	18	...	...	...	...	...	...
Do., comp.comminuted . .	3	...	...	...	...	1	1	...	1	...	3	...	...	...	...	...	...
Fracture of tibia . . .	17	4	3	3	1	1	6	3	1	3	19	...	...	1	...	1	...
Do., compound . . .	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...







*Classes, according to authorised Nomenclature—continued.*

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
...	1	1	...	...	...	...	...	...	...	1	1	...	Discharged at own request 1. Tetanus with recovery.
3	11	12	1	...	...	...	...	...	27	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	
...	6	2	...	...	...	...	...	...	8	...	...	...	
3	1	2	...	...	...	...	...	...	6	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
1	2	2	1	1	...	...	...	...	5	2	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	
									660	39	3	77	
									1221	420	140	146	
									1881	459	43	223	
									2706				

TABLE III.—

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
REMOVAL OF TUMOURS AND NEW GROWTHS.										
Amputation of breast . . . . .	...	2	...	...	...	...	2	...	...	...
Ditto with removal of glands . . . . .	...	29	...	...	...	3	3	11	8	4
Removal of recurrent growth of breast . . . . .	...	11	...	...	...	...	3	6	1	1
Carcinoma of parotid and lymphatic glands . . . . .	1	...	...	...	...	...	...	...	1	...
Epithelioma of neck . . . . .	2	...	...	...	...	...	...	...	1	1
" of antrum . . . . .	1	...	...	...	...	...	...	...	1	...
" of hard palate . . . . .	1	...	...	...	...	...	...	...	1	...
" of tongue . . . . .	5	...	...	...	...	...	...	2	2	1
" of floor of mouth . . . . .	3	...	...	...	...	...	...	...	1	2
" of lower lip . . . . .	3	...	...	...	...	...	...	...	...	3
" " (recurrent) . . . . .	3	...	...	...	...	...	...	...	3	...
" of cheek . . . . .	1	...	...	...	...	...	...	1	...	...
" of glands . . . . .	7	...	...	...	...	...	...	3	1	3
" of penis . . . . .	1	...	...	...	...	...	...	1	...	...
" of scrotum . . . . .	1	...	...	...	...	...	...	...	1	...
" of bladder . . . . .	...	...	...	...	...	...	...	...	...	...
" of buttock . . . . .	1	...	...	...	...	...	...	...	...	1
Rodent ulcer . . . . .	1	2	...	...	...	...	...	1	1	1
Sarcoma of superior maxilla . . . . .	2	...	1	1	...	...	...	...	...	...
" of inferior maxilla . . . . .	1	1	...	...	...	1	...	...	1	...
" " (recurrent) . . . . .	1	...	...	...	...	...	...	...	1	...
" of nasal septum . . . . .	1	...	...	...	...	...	...	1	...	...
" of tonsil . . . . .	...	1	...	...	...	1	...	...	...	...
" of sterno-mastoid . . . . .	...	1	1	...	...	...	...	...	...	...
" of neck . . . . .	2	1	...	...	1	...	...	1	1	...
" of breast . . . . .	...	1	...	...	...	...	...	...	...	1
" of kidney . . . . .	...	...	...	...	...	...	...	...	...	...
" of testis . . . . .	1	...	...	...	...	...	1	...	...	...
" of corpus cavernosum . . . . .	1	...	...	...	...	...	...	...	...	1
Lipoma . . . . .	1	7	...	...	...	1	3	3	...	1
Fibroma . . . . .	2	...	...	...	...	...	...	1	1	...
Fibrous epulis . . . . .	1	2	...	...	1	1	1	...	...	...
Enchondroma . . . . .	...	1	...	...	1	...	...	...	...	...
Exostosis . . . . .	2	1	...	...	2	...	1	...	...	...
Myxoma . . . . .	1	2	...	1	1	1	...	...	...	...
Parotid tumour . . . . .	1	1	...	...	1	...	...	...	...	1
Adenoid vegetations . . . . .	3	...	1	2	...	...	...	...	...	...
Papilloma . . . . .	1	1	...	...	1	...	...	1	...	...
Granuloma . . . . .	1	...	...	...	1	...	...	...	...	...
Lymphadenoma . . . . .	5	1	...	2	4	...	...	...	...	...
Adenoma . . . . .	...	4	...	...	1	3	...	...	...	...
Nævus . . . . .	3	...	3	...	...	...	...	...	...	...
Angeioma . . . . .	3	...	...	2	...	1	...	...	...	...
Lymphangiectasis . . . . .	...	1	...	...	1	...	...	...	...	...

*Surgical Operations.*

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
...	...	2	...	...	...	...	...	...	2	...	...	...	Tubercular 1; suppurative mastitis 1. See also Sarcoma.
...	1	19	9	...	...	...	...	...	26	3	...	...	
...	3	5	2	1	...	...	...	...	9	1	...	1	Three operations on 1 case.
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	2	...	...	...	...	...	...	2	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Excision of superior maxilla.
...	...	...	1	...	...	...	...	...	1	...	...	...	Tracheotomy and partial excision of superior maxilla.
1	2	2	...	...	...	...	...	...	2	...	1	2	
...	1	2	...	...	...	...	...	...	...	1	...	2	
...	2	1	...	...	...	...	...	...	2	...	...	1	? Pulmonary embolism.
...	1	2	...	...	...	...	...	...	2	...	1	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	
...	4	3	...	...	...	...	...	...	5	2	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	See Supra-pubic cystotomy and Digital exploration.
...	...	...	...	...	...	...	...	...	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
1	1	1	...	...	...	...	...	...	3	...	...	...	
1	...	1	...	...	...	...	...	...	2	...	...	...	Excision in both.
...	1	...	1	...	...	...	...	...	2	...	...	...	} Same case.
...	...	1	...	...	...	...	...	...	...	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Rouge's operation.
...	...	1	...	...	...	...	...	...	...	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Erysipelas.
...	1	1	1	...	...	...	...	...	2	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	1	See Exploration of kidney.
...	1	...	...	...	...	...	...	...	...	...	...	1	Sudden death.
1	6	1	...	...	...	...	...	...	8	...	...	...	
...	1	1	...	...	...	...	...	...	2	...	...	...	
2	1	...	...	...	...	...	...	...	3	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
1	2	...	...	...	...	...	...	...	3	...	...	...	Humerus 1; subungual 2.
...	1	2	...	...	...	...	...	...	3	...	...	...	
...	2	...	...	...	...	...	...	...	2	...	...	...	
...	3	...	...	...	...	...	...	...	3	...	...	...	
2	...	...	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	1	2	2	1	...	...	...	...	5	...	...	1	Two operations on 1 case.
...	4	...	...	...	...	...	...	...	4	...	...	...	
...	3	...	...	...	...	...	...	...	3	...	...	...	
...	2	1	...	...	...	...	...	...	3	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	



TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	
REMOVAL OF TUMOURS AND NEW GROWTHS											
—continued.											
Fibro-myoma . . . . .	...	3	...	...	...	1	1	1	...	...	
REMOVAL OF CYSTS.											
Dermoids . . . . .	2	4	2	2	1	...	1	...	...	...	
Cystic hygroma . . . . .	2	1	2	...	1	...	...	...	...	...	
Sebaceous . . . . .	2	4	...	...	...	1	1	1	3	...	
Bursal . . . . .	2	...	...	...	2	...	...	...	...	...	
Alveolar . . . . .	1	...	...	...	...	1	...	...	...	...	
Of breast . . . . .	...	3	...	...	...	...	2	1	...	...	
Of labium . . . . .	...	1	...	...	...	1	...	...	...	...	
Hydatid . . . . .	2	...	...	1	...	...	...	1	...	...	
Ovarian . . . . .	...	4	...	...	...	...	1	3	...	...	
Parovarian . . . . .	...	1	...	...	...	1	...	...	...	...	
CIRCULATORY SYSTEM.											
Ligature of right carotid and subclavian . .	1	...	...	...	...	...	1	...	...	...	
„ of brachial . . . . .	2	...	...	...	1	1	...	...	...	...	
„ of palmar arch . . . . .	...	1	...	...	1	...	...	...	...	...	
„ of external iliac . . . . .	1	...	...	...	...	1	...	...	...	...	
„ of superficial femoral . . . . .	1	...	...	...	...	...	...	1	...	...	
„ of popliteal artery and vein . . . . .	1	...	...	...	...	...	1	...	...	...	
Excision of varicose veins . . . . .	34	7	...	...	11	23	2	2	3	...	
„ of varicocele . . . . .	46	...	...	...	24	22	...	...	...	...	
LYMPHATIC SYSTEM.											
Removal of glands . . . . .	19	20	1	3	14	17	2	...	2	...	
DUCTLESS GLANDS.											
Partial excision of thyroid . . . . .	1	2	...	...	3	...	...	...	...	...	
Division of isthmus of thyroid . . . . .	...	1	...	...	1	...	...	...	...	...	
NERVOUS SYSTEM.											
Resection of callus pressing on nerve . .	1	...	...	...	...	...	1	...	...	...	
Dislocation of ulnar nerve . . . . .	...	1	...	...	1	...	...	...	...	...	

*Operations—continued.*

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
...	1	1	1	...	...	...	...	...	2	...	...	1	Hysterectomy 2; abdominal section 1.
1	4	1	...	...	...	...	...	...	6	...	...	...	
...	1	1	1	...	...	...	...	...	2	1	...	...	
3	3	...	...	...	...	...	...	...	6	...	...	...	
...	2	...	...	...	...	...	...	...	2	...	...	...	Both median of neck.
1	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	2	...	...	...	...	...	...	3	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	Inguinal region 1; ischio-rectal fossa 1.
...	...	3	1	...	...	...	...	...	3	1	...	...	1 malignant.
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	Aneurysm of ascending arch of aorta (supposed innominate aneurysm).
...	1	...	1	...	...	...	...	...	2	...	...	...	For wound; suture of median nerve in 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	Traumatic aneurysm.
...	...	...	1	...	...	...	...	...	1	...	...	...	Trans-peritoneal method; ilio-femoral aneurysm.
...	...	1	...	...	...	...	...	...	1	...	...	...	Popliteal aneurysm.
...	...	...	1	...	...	...	...	...	1	...	...	...	For traumatic gangrene; subsequent amputation.
...	10	26	5	...	...	...	...	...	41	...	...	...	
...	23	22	...	1	...	...	...	...	46	...	...	...	Radical cure of hernia 2.
1	27	9	2	...	...	...	...	...	38	1	...	...	
...	...	2	1	...	...	...	...	...	3	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	Some dyspnœa on discharge.
...	...	1	...	...	...	...	...	...	1	...	...	...	Neuritis of median.
...	1	...	...	...	...	...	...	...	1	...	...	...	Sutured behind internal condyle.

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>RESPIRATORY SYSTEM.</b>										
Tracheotomy . . . . .	3	5	...	...	...	1	3	1	...	3
„ and intubation of larynx . . . . .	1	...	1	...	...	...	...	...	...	...
Intubation of larynx . . . . .	1	1	2	...	...	...	...	...	...	...
Thyrotomy . . . . .	...	4	1	...	...	1	1	...	1	...
Resection of rib for empyema . . . . .	2	1	1	...	...	1	1	...	...	...
Estlander's operation . . . . .	1	...	...	...	1	...	...	...	...	...
<b>DIGESTIVE SYSTEM.</b>										
Excision of ranula . . . . .	1	...	1	...	...	...	...	...	...	...
Gastrostomy . . . . .	2	1	...	...	...	...	1	...	1	1
Pylorotomy . . . . .	1	...	...	...	...	...	...	1	...	...
Enterotomy . . . . .	...	1	...	...	...	...	...	1	...	...
Inguinal colotomy . . . . .	4	3	2	...	1	...	...	2	1	1
Lumbar colotomy . . . . .	1	2	...	...	...	...	1	1	...	1
Transverse colotomy . . . . .	...	1	...	...	...	...	...	1	...	...
Inguinal hernia—										
Herniotomy . . . . .	4	...	...	...	...	2	...	1	...	1
„ with radical cure . . . . .	17	...	...	...	2	3	1	4	4	3
Radical cure . . . . .	61	2	5	3	15	23	5	10	1	1
Resection of intestine with circular enterorrhaphy . . . . .	1	...	...	...	...	...	...	...	1	...
Femoral hernia—										
Herniotomy . . . . .	...	8	...	...	...	...	...	6	1	1
„ with radical cure . . . . .	1	14	...	...	...	...	1	7	5	2
Radical cure . . . . .	...	6	...	...	1	1	2	2	...	...
Resection of intestine . . . . .	...	2	...	...	...	...	...	1	1	...
Umbilical hernia—										
Herniotomy . . . . .	...	2	...	...	...	...	...	...	1	1
„ with radical cure . . . . .	1	2	...	...	...	...	...	2	1	...
Radical cure . . . . .	...	1	...	...	...	...	...	1	...	...
Obturator hernia—										
Abdominal section and enterotomy . . . . .	...	1	...	...	...	...	...	...	...	1
Circular enterorrhaphy . . . . .	...	1	...	...	...	...	...	...	1	...

## Operations—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
1	1	3	1	1	1	...	...	...		2	4	...	2	Malignant of œsophagus 1, of larynx 2; syphilitic laryngitis 1; cyst of larynx 1; cut throat 1; impacted rabbit bone 1; excision lower jaw 1.
1	...	...	...	...	...	...	...	...		...	...	...	1	Scald of larynx.
1	1	...	...	...	...	...	...	...		2	...	...	...	Ditto.
1	...	2	...	1	...	...	...	...		2	1	...	1	Syphilitic ulceration 1; cyst of larynx 1; rabbit bone 1; papillomata 1.
...	...	2	1	...	...	...	...	...		...	2	...	1	Abscess of lung 1.
...	...	...	...	1	...	...	...	...		...	1	...	...	
...	1	...	...	...	...	...	...	...		1	...	...	...	
1	...	1	1	...	...	...	...	...		...	1	...	...	2 Malignant of œsophagus 2, of larynx 1.
...	1	...	...	...	...	...	...	...		...	...	...	...	1 Carcinoma of pylorus.
...	...	1	...	...	...	...	...	...		...	...	...	...	1 Chronic intestinal obstruction.
3	...	1	3	...	...	...	...	...		...	4	...	3	Intestinal fistula 1; carcinoma of rectum 4; imperforate rectum 2.
...	...	2	1	...	...	...	...	...		...	2	...	1	Carcinoma of rectum 3.
...	...	...	...	1	...	...	...	...		...	1	...	...	Carcinoma of rectum.
1	...	2	1	...	...	...	...	...		2	1	...	1	
...	3	9	5	...	...	...	...	...		17	...	...	...	
...	6	38	15	4	...	...	...	...		62	...	...	1	Double operation 4; both sides at separate operations 2; removal of testis 2.
...	...	...	1	...	...	...	...	...		1	...	...	...	Gut gangrenous.
3	2	2	1	...	...	...	...	...		3	...	...	5	Artificial anus 1; fæcal fistula 1.
2	2	8	2	1	...	...	...	...		13	...	...	2	Fæcal fistula 1.
...	...	5	1	...	...	...	...	...		6	...	...	...	
2	...	...	...	...	...	...	...	...		...	...	...	2	Gut gangrenous in both.
...	...	...	1	1	...	...	...	...		...	1	...	1	Resection gangrenous gut, with artificial anus 2; subsequent circular enterorrhaphy 1.
1	1	...	1	...	...	...	...	...		1	...	...	2	
1	...	...	...	...	...	...	...	...		...	...	...	1	Cerebral embolism.
1	...	...	...	...	...	...	...	...		...	...	...	1	
1	...	...	...	...	...	...	...	...		...	...	...	1	For closing artificial anus.

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>DIGESTIVE SYSTEM—continued.</b>										
Senn's anastomosis . . . . .	1	1	...	...	1	1	...	...	...	...
Acute intestinal obstruction . . . . .	1	2	1	...	...	...	...	...	2	...
Chronic intestinal obstruction . . . . .	1	1	...	...	...	...	1	...	...	1
Laparotomy . . . . .	3	...	...	1	...	1	1	...	...	...
Excision of rectum . . . . .	1	...	...	...	...	...	1	...	...	...
Proctotomy . . . . .	...	1	...	...	...	...	1	...	...	...
Hæmorrhoids—										
Whitehead's operation . . . . .	16	7	...	...	...	4	9	6	2	2
Various . . . . .	8	7	...	...	...	5	3	4	3	...
Prolapse of rectum . . . . .	...	2	1	...	...	...	...	1	...	...
Ulcer of rectum . . . . .	...	3	...	...	1	1	...	1	...	...
Imperforate rectum . . . . .	...	1	1	...	...	...	...	...	...	...
Fistula in ano . . . . .	23	7	...	1	...	11	8	9	...	1
Fissure in ano . . . . .	1	4	...	...	...	2	1	1	1	...
Incontinence of fæces . . . . .	2	...	...	...	...	1	...	1	...	...
<b>GENITO-URINARY SYSTEM.</b>										
Circumcision . . . . .	12	...	3	1	3	3	1	...	...	1
Urethral caruncle . . . . .	...	2	...	...	...	...	...	1	1	...
Internal urethrotomy . . . . .	2	...	...	...	1	1	...	...	...	...
External urethrotomy . . . . .	4	...	...	...	...	...	2	1	1	...
Urethra brought into perinæum . . . . .	1	...	...	...	1	...	...	...	...	...
Perinæal puncture . . . . .	3	...	...	...	...	...	2	1	...	...
„ section . . . . .	6	...	2	...	...	1	1	1	1	...
Plastic for urinary fistula . . . . .	2	...	...	...	...	...	1	...	1	...
Supra-pubic aspiration . . . . .	1	...	...	...	...	...	...	1	...	...
„ cystotomy . . . . .	5	...	...	...	...	1	1	2	...	1
Digital exploration of bladder . . . . .	...	1	...	...	...	...	...	...	...	1
Exploration of kidney (abdominal)	...	1	...	...	...	1	...	...	...	...
Do. (lumbar) . . . . .	2	2	...	...	...	1	1	1	...	1
Do. (abdominal and lumbar) . . . . .	...	1	...	...	...	1	...	...	...	...
Nephrorrhaphy . . . . .	...	1	...	...	...	...	1	...	...	...
Lumbar nephrectomy . . . . .	1	1	...	...	...	2	...	...	...	...
„ nephrotomy . . . . .	...	1	...	...	...	...	1	...	...	...
Supra-pubic lithotomy . . . . .	3	...	1	1	1	...	...	...	...	...
Median lithotomy . . . . .	2	...	...	...	1	1	...	...	...	...
Tapping of hydrocele . . . . .	2	...	1	...	1	...	...	...	...	...
Injection of hydrocele . . . . .	3	...	...	...	1	...	...	1	1	...
Radical cure of hydrocele . . . . .	3	...	...	...	2	1	...	...	...	...
For undescended testis . . . . .	2	...	...	...	2	...	...	...	...	...
Hæmatocele . . . . .	2	...	...	...	...	...	1	1	...	...
Castration . . . . .	5	...	...	...	1	2	1	1	...	...
Pyosalpinx . . . . .	...	1	...	...	1	...	...	...	...	...



## Operations—continued.

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
...	1	...	...	1	...	...	...	...	...	1	...	1	For intestinal fistula 1; for triple rupture of intestine 1.
3	...	...	...	...	...	...	...	...	...	...	...	3	Laparotomy in all; artificial anus 2.
1	1	...	...	...	...	...	...	...	...	...	1	1	Malignant 2; exploratory 1; Senn's anastomosis 1.
3	...	...	...	...	...	...	...	...	...	...	...	3	Rupture of liver 1, spleen 1; perforation of vermiform appendix 1.
...	...	...	1	...	...	...	...	...	1	...	...	...	Carcinoma of rectum.
...	1	...	...	...	...	...	...	...	...	1	...	...	For stricture.
...	6	15	2	...	...	...	...	...	22	...	...	1	Death from hæmorrhage.
1	8	6	1	...	...	...	...	...	14	...	...	1	Vomiting 1.
...	1	...	1	...	...	...	...	...	2	...	...	...	Portion of skin and mucous membrane excised each side 1; cautery 1.
...	3	...	...	...	...	...	...	...	3	...	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	
1	11	10	8	...	...	...	...	...	30	...	...	...	
...	4	1	...	...	...	...	...	...	5	...	...	...	
...	...	2	...	...	...	...	...	...	...	2	...	...	
1	10	...	...	1	...	...	...	...	11	1	...	...	Phimosi 9; paraphimosis 1; phagedæna 2.
...	1	1	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	1	...	...	...	...	1	1	...	...	
...	...	1	1	...	1	1	...	...	2	2	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	For traumatic stricture.
...	...	1	2	...	...	...	...	...	3	...	...	...	Stricture and retention 3.
3	...	...	...	2	1	...	...	...	3	...	...	3	Extravasation 5; urinary fistula 1.
...	...	2	...	...	...	...	...	...	1	1	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	Stricture and retention.
1	...	2	2	...	...	...	...	...	...	1	1	3	Carcinoma 3; tuberculosis 1; hæmaturia 1.
1	...	...	...	...	...	...	...	...	...	...	1	...	Carcinoma.
...	...	...	1	...	...	...	...	...	...	...	1	...	Sarcoma.
...	1	2	1	...	...	...	...	...	...	3	...	1	Lardaceous 1; nephralgia 3.
...	...	...	...	1	...	...	...	...	1	...	...	...	Hæmaturia (malingerer).
...	...	...	1	...	...	...	...	...	1	...	...	...	
1	...	1	...	...	...	...	...	...	1	...	...	1	Calcifying hæmatoma 1; calculus 1.
...	...	1	...	...	...	...	...	...	...	1	...	...	Pyonephrosis.
...	...	...	1	1	...	1	...	...	2	...	...	1	In prostatic urethra 1.
...	...	...	...	2	...	...	...	...	1	1	...	...	Impacted urethral calculus 2.
1	...	...	...	1	...	...	...	...	1	1	...	...	
1	1	1	...	...	...	...	...	...	3	...	...	...	
...	...	3	...	...	...	...	...	...	3	...	...	...	Suture pillars of ring 1.
...	1	1	...	...	...	...	...	...	2	...	...	...	
...	1	1	...	...	...	...	...	...	2	...	...	...	
...	...	4	1	...	...	...	...	...	3	2	...	...	Tubercular testis 5.
...	...	...	...	...	...	1	...	...	...	1	...	...	Fæcal fistula.

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>OSSEOUS SYSTEM.</b>										
Removal of necrosed bone from—										
Vault of skull	3	...	...	...	1	2	...	...	...	...
Superior maxilla	1	...	...	...	1	...	...	...	...	...
Inferior maxilla	6	8	2	2	2	5	1	2	...	...
Ribs	2	5	...	...	2	1	...	4	...	...
Humerus	3	1	1	1	2	...	...	...	...	...
Radius	1	...	1	...	...	...	...	...	...	...
Metacarpal	1	...	...	...	1	...	...	...	...	...
Os innominatum	3	...	2	...	...	...	...	1	...	...
Femur	6	2	...	3	2	2	...	1	...	...
Patella	1	...	...	...	...	1	...	...	...	...
Tibia	15	1	...	3	8	1	2	2	...	...
Fibula	1	...	...	...	1	...	...	...	...	...
Phalanges	...	1	...	...	1	...	...	...	...	...
Exploration of humerus	2	1	...	1	2	...	...	...	...	...
" of femur	2	...	...	...	...	...	1	1	...	...
Operation for caries on—										
Sternum	...	1	...	...	...	1	...	...	...	...
Ribs	...	4	...	1	1	...	...	...	1	1
Humerus	2	...	2	...	...	...	...	...	...	...
Phalanges	...	1	...	...	1	...	...	...	...	...
Os innominatum	3	1	1	...	2	1	...	...	...	...
Sacrum	2	...	...	...	...	...	...	2	...	...
Femur	3	1	...	...	3	1	...	...	...	...
Tibia	3	5	...	2	2	2	1	...	...	1
Os calcis	2	...	...	...	1	1	...	...	...	...
Cuboid	1	...	...	...	1	...	...	...	...	...
Metatarsal	1	...	...	...	1	...	...	...	...	...
Phalanges	1	...	...	1	...	...	...	...	...	...
Osteotomy of neck of femur	...	2	...	2	...	...	...	...	...	...
" subtrochanteric	1	3	...	1	1	2	...	...	...	...
" of shaft of femur	2	2	...	...	2	...	2	...	...	...
" of tibia	...	1	...	...	...	...	1	...	...	...
" of fibula	1	...	...	...	...	...	...	1	...	...
Wiring of olecranon	2	...	...	...	...	...	1	...	1	...
" of radius and ulna	1	...	...	1	...	...	...	...	...	...
" of femur	1	...	...	...	...	...	1	...	...	...
Pegging of femur	...	1	...	...	...	...	1	...	...	...
Wiring of patella	6	2	...	...	3	1	2	1	1	...
Pinning of patella	2	8	...	...	...	3	3	4	...	...
Wiring of tibia	1	...	...	...	...	...	1	...	...	...
Elevation and removal of dorsal spines	1	...	...	...	...	...	...	1	...	...
Incision of spinal abscess	8	10	3	6	5	1	1	1	...	1
Gouging of mastoid	13	15	8	5	5	6	...	1	1	2
Trephining of mastoid	2	1	...	...	3	...	...	...	...	...
Excision head of humerus	...	1	...	...	...	...	...	...	...	1
" " of radius	...	1	...	1	...	...	...	...	...	...

*Operations—continued.*

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
1	1	...	1	...	...	...	...	...	1	2	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
3	3	7	1	...	...	...	...	...	11	2	...	1	
...	2	3	1	1	...	...	...	...	5	2	...	...	
...	...	4	...	...	...	...	...	...	1	3	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	2	1	...	...	...	1	2	...	...	
1	2	1	3	1	...	...	...	...	3	5	...	...	Scarlet fever 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	6	5	3	1	...	...	3	13	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	1	2	...	...	...	...	...	...	1	2	...	...	
...	...	...	1	1	...	...	...	...	1	1	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	
...	2	...	2	...	...	...	...	...	2	2	...	...	
...	...	...	2	...	...	...	...	...	...	2	...	...	Abscess of bone 2.
1	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	2	1	...	...	...	...	...	4	...	...	
...	...	...	...	...	...	1	1	...	...	2	...	...	Same case operated on twice.
...	1	...	1	2	...	...	...	...	4	...	...	...	Trephining great trochanter 2.
...	1	3	3	...	1	...	...	...	5	2	...	1	Abscess of bone 3; pyæmia 1.
...	...	2	...	...	...	...	...	...	2	...	...	...	
...	...	...	...	...	...	1	...	...	...	1	...	...	Subsequent amputation.
...	...	...	1	...	...	...	...	...	...	1	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	
...	...	...	2	...	...	...	...	...	1	1	...	...	Ankylosis 2.
...	...	...	2	1	...	1	...	...	2	2	...	...	For ankylosis; pathological dislocation 1.
...	...	...	2	2	...	...	...	...	3	1	...	...	Double 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	Vicious union of fracture.
...	...	...	1	...	...	...	...	...	...	1	...	...	Ditto.
...	2	...	...	...	...	...	...	...	2	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Fibrous union of fracture.
...	...	...	...	1	...	...	...	...	1	...	...	...	Firm union.
...	...	...	...	1	...	...	...	...	...	1	...	...	Not bony union.
...	...	...	8	...	...	...	...	...	8	...	...	...	
...	...	10	...	...	...	...	...	...	10	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	7th and 8th dorsal vertebræ.
1	1	4	4	5	1	...	2	...	1	12	2	3	Acute necrosis 2.
1	5	13	9	...	...	...	...	...	22	4	...	2	Double 4; two sides operated on separately in 1 case.
...	2	1	...	...	...	...	...	...	3	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	Fracture anatomical neck.
...	1	...	...	...	...	...	...	...	1	...	...	...	Old dislocation.

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>ARTICULAR SYSTEM.</b>										
Excision of shoulder . . . . .	3	...	1	...	1	...	1	...	...	...
„ of elbow . . . . .	4	4	1	...	4	2	1	...	...	...
„ of wrist . . . . .	...	1	...	...	1	...	...	...	...	...
„ of metacarpo-phalangeal . . . . .	2	1	...	...	...	...	2	1	...	...
„ of hip . . . . .	6	4	...	4	4	1	...	1	...	...
„ of knee . . . . .	4	3	1	2	2	1	1	...	...	...
„ of ankle and astragalus . . . . .	...	1	...	1	...	...	...	...	...	...
„ of tarsus . . . . .	4	2	...	1	1	1	3	...	...	...
„ of metatarso-phalangeal . . . . .	1	...	...	...	...	...	...	...	...	1
„ of inter-phalangeal . . . . .	6	1	...	...	5	2	...	...	...	...
Re-excision of elbow . . . . .	1	1	...	...	1	1	...	...	...	...
„ of hip . . . . .	1	...	...	1	...	...	...	...	...	...
„ of knee . . . . .	1	...	...	1	...	...	...	...	...	...
Arthrectomy of elbow . . . . .	1	...	...	...	...	1	...	...	...	...
„ of carpal joints . . . . .	1	...	...	...	...	1	...	...	...	...
„ of sacro-iliac joint . . . . .	1	1	...	...	...	1	...	...	...	1
„ of hip . . . . .	...	1	...	...	1	...	...	...	...	...
„ of knee . . . . .	4	3	1	2	2	1	1	...	...	...
„ of ankle . . . . .	3	...	...	2	1	...	...	...	...	...
Incision of shoulder . . . . .	1	...	1	...	...	...	...	...	...	...
„ of wrist . . . . .	1	...	...	...	...	1	...	...	...	...
„ of hip . . . . .	4	1	1	3	...	1	...	...	...	...
„ of knee . . . . .	5	3	1	2	2	1	...	...	...	...
„ of ankle . . . . .	1	...	...	...	1	...	...	...	...	...
Aspiration of knee . . . . .	1	...	...	...	1	...	...	...	...	...
Resection of knee . . . . .	1	...	...	...	1	...	...	...	...	...
<b>BURSÆ.</b>										
Removal of enlarged bursa . . . . .	3	9	...	3	...	5	4	...	...	...
„ of ganglion . . . . .	...	3	...	...	1	2	...	...	...	...
Incision of ganglion . . . . .	3	1	...	1	1	2	...	...	...	...
<b>AMPUTATIONS.</b>										
Primary amputation of—										
Arm . . . . .	1	...	...	...	...	1	...	...	...	...
Hand . . . . .	2	...	...	...	...	...	1	1	...	...
Fingers . . . . .	2	1	...	1	2	...	...	...	...	...
Toes . . . . .	1	...	...	...	1	...	...	...	...	...
Secondary amputation of—										
Arm . . . . .	1	...	...	...	...	1	...	...	...	...
Thigh . . . . .	3	...	...	...	...	...	1	1	1	...

## Operations—continued.

Duration of residence.										Result.				Remarks.
Dys.	Dys.	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12						
...	...	...	2	1	...	...	...	...	1	2	...	...	...	Scarlet fever 1; for acute epiphysitis 1.
...	1	...	4	1	2	...	...	...	3	2	2	1	...	Subsequent amputation 2; for acute epiphysitis 1.
...	...	...	...	1	...	...	...	...	1	...	...	...	...	Lister's.
1	2	...	...	...	...	...	...	...	3	...	...	...	...	For contraction 2.
...	...	...	1	5	2	1	...	1	2	5	3	...	...	Posterior 7; anterior 3.
...	...	4	2	1	...	...	...	...	3	4	...	...	...	Two knees in 1 case; subsequent amputation 1.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
...	...	...	2	4	...	...	...	...	3	3	...	...	...	Same case operated on twice 1; for deformity 4.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Hallux valgus.
...	2	3	2	...	...	...	...	...	7	...	...	...	...	Hammer-toes.
...	...	...	2	...	...	...	...	...	1	1	...	...	...	
...	...	...	...	1	...	...	...	...	1	1	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	...	
...	...	4	2	1	...	...	...	...	3	4	...	...	...	Partial 5.
...	...	1	...	2	...	...	...	...	3	...	...	...	...	Subsequent amputation 1.
...	1	...	...	...	...	...	...	...	...	...	...	1	...	Acute epiphysitis.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	1	1	...	2	...	1	...	...	2	1	1	1	1	Subsequent excision 2.
...	...	1	3	4	...	...	...	...	4	3	1	...	...	Subsequent amputation 1.
...	...	...	...	1	...	...	...	...	...	...	1	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Acute epiphysitis of tibia.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Rectangular ankylosis.
...	6	5	1	...	...	...	...	...	12	...	...	...	...	
...	2	1	...	...	...	...	...	...	3	...	...	...	...	
1	1	1	1	...	...	...	...	...	3	1	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	...	
1	...	1	1	...	...	...	...	...	3	...	...	...	...	Thumb 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	...	1	For tetanus.
1	...	...	2	...	...	...	...	...	2	...	...	...	1	After ligature popliteal artery and vein 1; for gangrene after rupture popliteal artery 1; for compound comminuted fracture 1.



TABLE III.—Surgical

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>AMPUTATIONS—continued.</b>										
Secondary amputation of—										
Leg . . . . .	2	1	...	...	...	...	...	3	...	...
Toe . . . . .	1	...	...	...	1	...	...	...	...	...
Amputation for disease—										
Arm . . . . .	2	1	...	...	1	1	...	...	1	...
Wrist . . . . .	1	...	...	...	...	...	...	1	...	...
Fingers . . . . .	7	2	1	...	2	...	1	2	2	1
Hip-joint . . . . .	...	1	...	...	1	...	...	...	...	...
Thigh . . . . .	11	2	1	2	2	...	4	2	1	1
Gritti . . . . .	1	...	...	...	...	1	...	...	...	...
Knee-joint . . . . .	1	1	...	...	2	...	...	...	...	...
Leg . . . . .	3	3	...	2	...	1	...	1	...	2
Syme . . . . .	4	2	...	1	3	...	1	...	1	...
Pirogoff . . . . .	1	...	...	...	1	...	...	...	...	...
Sub-astragaloid . . . . .	1	...	...	...	...	...	...	1	...	...
Lisfranc . . . . .	...	1	...	...	...	...	1	...	...	...
<b>REDUCTION OF DISLOCATIONS.</b>										
Sternal end of clavicle . . . . .	2	...	...	...	1	...	...	1	...	...
Shoulder . . . . .	4	3	...	...	...	1	...	1	1	4
Elbow (compound) . . . . .	1	...	...	...	...	...	1	...	...	...
„ (old) . . . . .	1	...	...	1	...	...	...	...	...	...
Hip . . . . .	1	...	...	1	...	...	...	...	...	...
Knee . . . . .	1	...	...	...	...	...	...	...	1	...
Patella . . . . .	1	1	...	...	...	2	...	...	...	...
Ankle . . . . .	1	1	...	...	1	...	...	...	1	...
Astragalus . . . . .	...	1	...	...	...	...	1	...	...	...
<b>REPARATIVE OPERATIONS.</b>										
Tenotomy for club-foot . . . . .	11	8	7	5	4	3	...	...	...	...
„ for torticollis . . . . .	1	3	...	2	2	...	...	...	...	...
„ of palmar fascia . . . . .	1	...	...	...	...	...	...	1	...	...
„ of hamstrings . . . . .	1	1	...	...	...	2	...	...	...	...
„ of tendo Achillis . . . . .	1	...	...	1	...	...	...	...	...	...
Removal of prolabium . . . . .	1	...	1	...	...	...	...	...	...	...
Single harelip . . . . .	6	4	10	...	...	...	...	...	...	...
Double harelip . . . . .	2	...	2	...	...	...	...	...	...	...
Cleft palate . . . . .	1	4	3	1	1	...	...	...	...	...
Deviated septum nasi . . . . .	1	...	...	...	1	...	...	...	...	...

## Operations—continued.

Duration of residence.									Result.				Remarks.
Dys 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
1	...	...	1	1	...	...	...	...	2	...	...	1	For compound fracture with rupture anterior tibial artery and gangrene 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	2	...	1	...	...	...	...	2	...	...	1	Tubercular arthritis of elbow 2; tubercular meningitis in fatal case.
...	...	1	...	...	...	...	...	...	1	...	...	...	Tubercular carpus.
2	5	2	...	...	...	...	...	...	8	1	...	...	Necrosis 7; cellulitis 1; deformity 1.
...	...	1	...	...	...	...	...	...	...	...	...	1	Sarcoma.
2	...	1	7	3	...	...	...	...	10	1	...	2	Sarcoma 1; gangrene 3; acute necrosis tibia 1; syphilitic osteitis tibia 1; tubercular knee 4; suppurative arthritis knee 2; spurious elephantiasis 1.
...	1	...	...	...	...	...	...	...	...	...	...	1	Tetanus, operation for deformity.
...	...	...	1	1	...	...	...	...	1	1	...	...	Tubercular 1; deformity 1; Stephen Smith's 1.
1	...	2	3	...	...	...	...	...	3	2	...	1	Gangrene 1; tubercular tarsus 1; tubercular ankle 1; deformity 1; circular ulcer of leg 2.
...	...	1	2	2	...	1	...	...	3	3	...	...	Tubercular ankle 3; tubercular tarsus 3.
...	...	...	...	1	...	...	...	...	...	1	...	...	Tubercular ankle and tarsus.
...	...	...	...	1	...	...	...	...	1	...	...	...	Old frost-bite.
...	...	1	...	...	...	...	...	...	1	...	...	...	Sarcoma.
1	...	1	...	...	...	...	...	...	2	...	...	...	
3	3	...	1	...	...	...	...	...	7	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	...	1	...	...	Open method, with removal of coronoid process.
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	Partial dislocation, displacement of patella.
...	...	2	...	...	...	...	...	...	2	...	...	...	
...	...	2	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	Partial reduction.
2	4	4	3	5	1	...	...	...	9	9	1	...	
...	3	1	...	...	...	...	...	...	2	2	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	
...	...	...	2	...	...	...	...	...	1	...	1	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	After wound of ankle-joint and tetanus.
1	...	...	...	...	...	...	...	...	...	1	...	...	
...	4	6	...	...	...	...	...	...	8	2	...	...	
...	1	1	...	...	...	...	...	...	2	...	...	...	
...	...	4	1	...	...	...	...	...	5	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	



*Operations—continued.*

Duration of residence.									Result.				REMARKS.
Dys.	Dys.	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12					
...	3	1	...	...	...	...	...	...	2	2	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
1	1	...	...	...	...	...	...	...	2	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
1	2	2	...	1	...	...	...	...	2	...	...	4	With ligature middle meningeal 1; frontal necrosis with subdural abscess 1; fracture of base 1; tubercular meningitis 1; discharging cerebro-spinal fluid through fracture 1.
1	...	1	...	...	...	...	...	...	1	...	...	1	Fatal case: extensive depressed fracture.
1	4	...	...	...	...	...	...	...	5	...	...	...	
...	...	2	...	...	...	...	...	...	2	...	...	...	Frontal sinus 1; back of thorax 1.
3	6	6	3	1	...	...	...	...	15	...	...	4	
...	4	2	4	1	...	...	...	...	10	...	...	1	Meningitis in fatal case.
1	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	1	...	...	...	...	...	1	...	...	1	Tetanus bacilli found in 1 case.
1	...	...	...	...	...	...	...	...	...	...	...	1	
...	1	1	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	Old excision of knee.
...	1	...	...	...	...	...	...	...	...	1	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	Cretin.
...	...	...	1	...	1	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
									807	192	18	91	
									1108				

## SUMMARY OF DISEASES.

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### GENERAL DISEASES.

#### ERYSIPELAS (admitted as such).

[For cases arising in hospital see Special Table II.]

Males 33, females 28. C. 52, D. 9. Of these 12 were cellulo-cutaneous.

*Position*.—Scalp 3; head and neck 5; face 24; chest 2; trunk 3; upper extremity 10; lower extremity 14.

*Cause*.—Wounds 25; blows 2; burns 2; scald 1; boils 3; carbuncle 1; gummata 2; ulcers 5; vaccination 3; lacerated perinæum 1; no cause made out 16.

*Complications*.—Fits 1; pneumonia 3; bronchitis 1; jaundice 1; cystitis 1. Incisions in 14 cases; skin grafting in 2.

#### *Fatal cases—*

1. Male, æt. 62. Brawny inflammation of right thigh, extending on to abdomen, and involving scrotum; no cause discovered. Delirious and died on 2nd day. No P.M.

2. Female, æt. 4 months. Cutaneous erysipelas of arm, three weeks after vaccination. No history of having commenced from the marks. Death on 2nd day. P.M.—Vaccination marks healthy on section; viscera normal.

3. Male, æt. 6 weeks. Wide-spreading blush involving trunk and all extremities. Slight ulceration at umbilicus; marked jaundice with vomiting. Died on 8th day. No P.M.

4. Male, æt. 47. Facial erysipelas without discoverable cause. Temperature up to 104.6°, delirium, and death on 7th day. P.M.—Lungs congested, no consolidation. Liver fatty; spleen large and soft; endocardium much stained.

5. Female, æt. 64. Admitted with wound of index finger, and cellulo-cutaneous inflammation extending to side of chest. Rash continued to spread; pneumonia on 6th day; constant delirium, and death on 10th day. P.M.—Suppuration in flexor sheath; hypostatic pneumonia of both lungs; large cyst in left kidney.

6. Female, æt. 6 months. Slight burn of wrist 8 days before admission. Erysipelas of arm reaching to elbow, which continued to spread, crossing trunk, and ultimately reached opposite wrist. Numerous needle punctures made. Temperature above 103° daily. Death in a convulsion on 17th day. No P.M.



7. Female, æt. 32. Several previous attacks during the past year. Confined the day before admission, labour easy and natural. Present attack commenced 5 days ago from a gummatous track over outer end of clavicle. Rash spread widely over the trunk. Lochia continued normal, but delirium on 2nd day; pneumonia supervened at the right base, with death on the 4th day. P.M.—Hypostatic pneumonia; ordinary clot in iliac veins; left kidney atrophied.

8. Male, æt. 7 weeks. Rash over buttocks and back, no cause discovered. Collection of pus found on dorsum of left foot, and incised. Death on 26th day. P.M.—Pneumonic consolidation of middle lobe of right lung. No evidence of pyæmia.

9. Male, æt. 68. Scalp wound 14 days ago. Erysipelas of scalp; rigor after admission, and death the next day. P.M.—Brain watery; endocardium much stained; kidneys stained and soft.

### PYÆMIA.

(See Special Table III.)

### TETANUS (admitted as such).

#### Males 4. C. 1, D. 3.

Male, æt. 24. Treated in hospital for a dirty lacerated wound over patella 24 days ago, and only discharged 3 days. Readmitted with marked trismus, rigidity of spinal muscles, and hyperæsthesia on each side of vertebral column. The nearly-healed wound was excised, and bromide of potassium with chloral hydrate given in large doses. Slight improvement till 6th day, when spasms of the legs occurred with opisthotonos; no spasms after 12th day. Allowed up on 17th day, followed by temperature reaching  $103\cdot2^{\circ}$ , with return of risus sardonicus lasting for 2 days. Discharged cured on 37th day. Tetanus bacilli found in the excised scar.

#### Fatal cases—

1. Male, æt. 12. Scalp wound seven days ago. Stiffness of neck day before admission, followed next day by trismus and opisthotonos, with rigidity of abdominal wall. Scar excised night of admission. Spasms numerous and violent on 2nd day; fed by nutrient enemata given under chloroform. Spasms became increasingly numerous and severe. Chloroform "watch" instituted on 7th day, and continued till death on 9th day. Temperature only slightly raised till day before death,  $105\cdot4^{\circ}$  at time of death, rising afterwards to  $107\cdot6^{\circ}$ . P.M.—Vessels of brain full of blood, no disease of cord; some hypostatic congestion of lungs.

2. Male, æt. 37. Wound of thumb 11 days. Difficulty in swallowing for 2 days before admission. Wound excised and hand placed in carbolic bath 1 in 50. Fed by nasal tube on 2nd day; severe spasms on 3rd day affecting back muscles chiefly; respiration entirely costal, diaphragm apparently being in state of tetanic contraction. Temperature rose to  $102^{\circ}$ , and death on 4th day. P.M.—Grey hepatisation of lower lobe of right lung. No other abnormal appearances.

3. Male, æt. 16. Wound of foot 9 days. Stiffness of neck and jaw commenced day before admission. On admission, trismus, risus sardonicus, and marked

opisthotonic spasms, arms and legs also affected. Treated with chloral hydrate in large doses. Difficulty of swallowing with numerous spasms continued and increased, necessitating use of chloroform. Temperature  $105\cdot2^{\circ}$  before death on 4th day. P. M.—Brain injected, with recent hæmorrhage on convex surface of frontal lobes; spinal cord injected posteriorly. Firm old adhesions of pleuræ and peritoneum.

*Arising in hospital.*

Males 4. C. 1, D. 3.

See under Deformities, Wounds of forearm, Compound fracture of tibia, and Wound of ankle-joint.

SYPHILIS.

*Primary.*—Male 1, females 2. C. 2, R. 1.

The male admitted for smart hæmorrhage from a small artery in centre of typical chancre.

One female had two chancres in same stage, one on each labium minus; the other, æt. 7, a hard chancre on labium majus, followed by a faint mottled roseola while in hospital.

*Secondary.*—Male 1, females 24. C. 12, R. 12, U. 1.

Remains of primary chancre 7; mucous tubercles 12; condylomata 2; induration of inguinal glands 9, cervical glands 7; ulceration of fauces 8, of tonsils 5. Eruptions: macular 7; papular 6; squamous 4; pustular 1; multi-form 1.

*Complications.*—Vaginal discharge 11; warts 2; pregnancy 1; miscarriage 1; labial abscess 1; scabies 2; salivation 2.

*Tertiary.*—Males 7, females 8. C. 7, R. 8.

Ulcer of tongue 1, palate and fauces 1, thigh 2, leg 4, foot 1; gumma of breast 1, over breast 1, lip 2, elbow 1; synovitis 1; periostitis 1; pleurisy 1.

*Congenital.*—Males 2, females 6. C. 2, R. 2, D. 4.

Gumma of cheek 1, of leg 1; laryngeal necrosis 1; cervical glands 1.

*Fatal cases—*

1. Male, æt. 7 weeks. Rash on buttocks and scrotum; desquamation of palms and soles; hydrocele; loud systolic murmur; periostitis of radius; hæmorrhage from mucous membranes; irregular high temperatures, reaching  $106^{\circ}$ . No P.M.

2. Female, æt. 5 weeks. Scaly eruption; abscesses of back, thigh, and foot. Death from marasmus. P.M.—Abscesses all subcutaneous; spleen very large and tough, weighing  $1\frac{1}{4}$  oz.; other viscera normal.

3. Female, æt. 1. Periostitis, and subcutaneous abscesses, treated by aspiration; gradually sank and died on 25th day. P.M.—Multiple breaking-down gummata; long bones irregularly thickened, especially at epiphysial lines; right lung tubercular; liver covered with miliary tubercles; and tubercular ulceration of intestine.

4. Female, æt. 3 months. Emaciated child, with hurried respiration, and scattered crepitations over lungs; mixed macular and scaly eruption. P.M.—Abscess, size of filbert, in lower lobe of left lung, and consolidation in both lower lobes; basal meningitis.

## LOCAL DISEASES.

## TUMOURS AND NEW GROWTHS.

*Carcinomata*—

*Scirrhus of breast.*—Females 33. C. 26, R. 2, U. 5. Right 18, left 13, both breasts 2; atrophic 3. Axillary glands involved 27, supra-clavicular glands 2; unmarried 7; married 26, of whom 15 were stated to have borne children hereditary history of cancer in 5, doubtful history of trauma in 4; nodules in skin 3; œdema of arm 4; spreading infiltration of skin 1; no operation 5; amputation of breast 28, axilla cleared in all cases, and part of pectoral muscle removed when necessary; skin grafting 2.

*Complications.*—Erysipelas 1; cellulitis of arm 1; papilloma of opposite nipple 1; interstitial mastitis of opposite breast 2; tubercular glands of axilla 1.

*Duct carcinoma of breast.*—Female, æt. 45. Married. Mother died of cancer of breast. Small growth removed from left breast 6 years ago; this had been preceded by blood-stained discharge. Discharge returned three months later, soon followed by return of the growth. Large growth under nipple, which was retracted; breast prominent and heavy; growth partially cystic, with blood-stained discharge from nipple. A lymphatic cord ran along border of pectoralis minor to a hard tender gland in axilla. On removal, growth a typical duct-carcinoma, formed of large cysts with intra-cystic growths; diagnosis confirmed on microscopic examination.

*Scirrhus of breast (recurrent).*—Females 12. C. 7, R. 2, U. 2, D. 1. First recurrence 10, second recurrence 2; soft carcinoma 1, the remainder being scirrhus; recurrence occurred at 1 month (2), 2 months, 3 months (3), 4 months, 5 months, 6 months, 1 year, 1½ years, and 4 years after operation. Removal with glands where necessary in 9 cases; too extensive for operation 3; glands affected in neck, axilla, and groin 1.

*Fatal case.*—Female, æt. 46. Amputation of breast 6 months ago; recurrence in raised spots along scar noticed 2 months. Removal of secondary growths at 3 separate operations; skin grafting performed at the last, followed in 4 days by erysipelas, and death in 3 more. P.M.—Nodule of growth in opposite breast; liver studded with masses of new growth, and mesenteric glands also affected; lungs partially collapsed and emphysematous.

*Of antrum.*—Females 2. U. 2.

1. Female, æt. 50. Epistaxis 3 months ago, repeated several times since. Growth noticed within nose shortly after this, and in mouth 2 months ago. Growth had expanded left superior maxilla; eyeball slightly displaced upwards, left side of nose entirely blocked by a polypoid mass bleeding readily, and blocking also the nasal duct. Palate bulged downwards on left side, with two sloughy malignant ulcers, one of which extended on to inner side of cheek, and only permitted her to open mouth just wide enough to admit finger. Nasopharynx also occupied by growth. No glands detected. Not recommended operation.

2. Female, æt. 58. Growth first noticed 9 months ago. Superior maxilla much expanded, eyeball displaced upwards and protruded, with paralysis of external rectus and complete anæsthesia of area supplied by 1st and 2nd divisions of fifth nerve. Skin of cheek involved; hard palate depressed, and mucous membrane ulcerated over it. Nothing felt in naso-pharynx. No operation.

*Of parotid.*—Male, æt. 60. Was operated on in ophthalmic ward 4 years ago for malignant ulcer involving left lower lid and inner canthus and extending into inner side of globe of eyeball. This growth had a 5 years' history, was diagnosed as rodent ulcer, and entire contents of orbit with the lower lid were freely removed. First noticed the present growth 2 months ago. Several hard masses felt lying behind left angle and ascending ramus of lower jaw, in substance of parotid gland. All the glands removed, together with a large part of the parotid gland which was invaded; external carotid cut and ligatured just above its origin; the internal jugular vein wounded and a ligature applied to its wall. Facial paralysis after operation. Growth having been found to be a soft glandular carcinoma, the primary growth of orbit was re-cut and found to be of similar nature.

*Of œsophagus.*—Males 4, females 1. R. 3, D. 2.

1. Male, æt. 50. History 2 months; obstruction 14 inches from teeth, gland of stony hardness felt above left clavicle. Symonds' tubes passed; discharged wearing one with comfort.

2. Male, æt. 49. History 6 months; obstruction  $13\frac{1}{2}$  inches from teeth, gland on right side of neck. Treated with bougies and Symonds' tubes; could subsequently swallow better, and went out without tube.

3. Female, æt. 40. History 7 months; growth of upper end of œsophagus, glands on both sides of neck. Admitted with dyspnœa, necessitating tracheotomy; fed through long œsophageal tube. Discharged wearing tracheotomy and œsophageal tubes on 155th day.

#### *Fatal cases.*

1. Male, æt. 57. Transferred from Medical side with history of 4 months' duration and loss of flesh, 3 st. 2 lbs. since illness commenced. Gastrostomy performed, abdominal wall incised parallel to costal margin; the stomach presented easily, opened on the 3rd day. After the first few days, regurgitation of food through the wound became troublesome, and there was hæmatemesis for 2 days about one month after operation. Gradually sank, and died on 46th day after operation. P.M.—Firm union between stomach and parietes; malignant ulceration of œsophagus for 5 inches, beginning 2 inches above cardiac orifice; no dilatation above the stricture. Mass of malignant glands near cardiac orifice, the growth extending from these into left lobe of liver. Lungs emphysematous, hypostatic congestion of right.

Male, æt. 67. History of 5 months' duration; bougie arrested 14 inches from teeth; could only swallow fluids with difficulty. Gastrostomy performed by oblique incision in abdominal wall; stomach opened. Died on 3rd day after operation. P.M.—Gastrostomy wound in anterior surface of stomach, near greater curvature and 4 inches from pylorus. Deep ulceration of lower 2 inches of œsophagus, with mass of new growth at cardiac orifice; no dilatation above. Hypostatic pneumonia of left lower lobe.



*Of pylorus.*—Male, æt. 47. Sickness after meals first commenced 3 years ago; pain worst about 1 hour after taking food, much more severe if solids taken; no solid food for 3 months; no blood in vomit or stools at any time. A hard smooth mass size of small orange felt, freely movable and varying in position, lying generally in epigastric and right hypochondriac region; some dilatation of stomach; pain slight. Pylorotomy performed through median incision; growth localised and extending for about 2 inches, no adhesions or enlarged glands felt. The growth having been excised, the upper part of end of stomach was sutured, and the diminished opening approximated to end of duodenum by means of Senn's bone plates, an outer row of sutures being also inserted. Vomiting commenced on 2nd day, the fluid pumping up without effort. Next day vomited large quantities of dark fluid, containing altered blood, in same easy way. Stomach distended, with visible peristalsis of its walls, so washed out through long tube. Death on 5th day after operation, temperature rising to 106·2°. P.M.—No general peritonitis; stomach dilated, under surface of liver glued by recent adhesions to its pyloric end, on separating them a little semi-purulent fluid escaped from a small cavity between them. No leakage at line of suture, but no fluid escaped from stomach into duodenum even under considerable pressure. Cherry-stone found in stomach. Hypostatic pneumonia; no other visceral disease.

*Of intestine.*—Male 1, female 1. R. 1, D. 1.

1. Female, æt. 66. Obscure symptoms 14 months; chronic obstruction for 9 months. Abdomen much distended with fluid on admission, nothing else to be made out. Exploratory incision in left inguinal region with view to colotomy, giving exit to enormous quantity of ascitic fluid. Descending colon empty, and also the small intestine that presented at wound; large hard mass felt in position of transverse colon, and another to left of symphysis; peritoneum studded with growth. Wound closed; vomiting continued. Patient removed by friends' request 10th day after operation.

2. Male, æt. 37. Cæcum excised for malignant growth in December, 1890, an artificial anus being left; implantation of small into large intestine in February, 1891, a fæcal fistula remaining which was ultimately cured by a plastic operation. For last 6 weeks has had abdominal pain, and obstruction for 4 days. Abdomen opened, several bands passing between intestines ligatured and divided, a large recurrent growth found and excised with 6 inches of gut, the ends of the gut turned in and sutured, and the two pieces of gut brought together by lateral apposition with Senn's bone plates. Died 2 days after operation. P.M. (local examination only).—General peritonitis; the small intestine much distended, the obstruction being seated at the new junction; water could only be forced through from above under pressure, and under the stress needed the sutures gave way in two places. Obstruction caused by the invaginated end of lower portion of gut, which fell against and blocked the orifice in the plate, the lateral opening in the bowel having been made too near its extremity.

*Of rectum.*—Males 5, females 8. R. 7, U. 3, D. 3.

Hereditary history of cancer 2, syphilis 1; recurrent 2—after 3 months 1, 3 years 1; chronic obstruction 4; involving sigmoid flexure and upper third 1



upper third 2, middle third 6, lower third 4; involving vagina 1; gluteal abscess connected with rectum 1; left lumbar colotomy 3 years ago 1.

*Treatment.*—Partial excision 1; exploratory laparotomy 2; left inguinal colotomy 4—gut opened at once 1, later 3; left lumbar colotomy 3; colotomy of transverse colon 1; incision of gluteal abscess in connection with growth 1. The partial excision readmitted with recurrence in 3 months, left lumbar colotomy being performed.

*Fatal cases.*

1. Female, æt. 48. Ten weeks' history of tenesmus and painful defæcation with diarrhœa. Growth reaching to anus, ulcerated, and extending on lateral and posterior walls nearly to limit of examining finger; hard glands in both groins. Left lumbar colotomy; attempt made to open gut one week after, but bowel not found; several other unsuccessful attempts made, then wound reopened and bowel again stitched to abdominal wall and opened, 14 days after previous operation. Gradually sank; some hæmorrhage from growth day before death, which occurred 19 days after first operation. P.M.—Rectum infiltrated for 3 inches; no secondary deposits in viscera or abdominal glands; lower lobes of lungs collapsed.

2. Male, æt. 64. History of 2 years' duration, with one severe hæmorrhage. Irregular growth felt  $3\frac{1}{2}$  inches from anus, the mass being firmly fixed to surrounding parts. Left inguinal colotomy; colon held in position by glass tubing passed through mesocolon, sutures also used. On 2nd day during fit of sneezing coils of small intestine escaped through wound, some stitches giving way; gut at once replaced; became collapsed, with much retching; death next day. P.M.—Rectum ulcerated for fully 4 inches, firmly fixed to sacrum. Large secondary growth in posterior part of right lobe of liver, with fatty and colloid change. No peritonitis.

3. Female, æt. 23. History of increased frequency of defæcation, with passage of slime for 3 weeks; complete obstruction 9 days, with vomiting 2 days. Abdomen distended, visible peristalsis; firm irregular mass commencing 1 inch from anus, and extending for 3 inches. Became collapsed shortly after admission, and died next day. P.M.—Slightly ulcerated complete ring of growth 2 inches in depth, infiltrating recto-vaginal septum; secondary growths in mesentery; abdomen distended.

*Of cervix uteri.*—Female, æt. 51. Mother of 9 children; history 6 years. Cervix fixed and deeply ulcerated, the growth involving the connective tissue around, and in one place the vaginal wall. Too far advanced for operation.

*Of spine and femur.*—Female, æt. 58. Right breast removed with axillary glands for scirrhus 21 months ago. Has become increasingly weak and lame, commencing 3 months ago. Secondary growths upper part of left femur and upper lumbar spine; no local recurrence.

*Epithelioma—*

*Of antrum.*—Male, æt. 55. Injury to left side of face 4 weeks ago, causing profuse nose bleeding; lump noticed inside mouth 1 week after this. Soft elastic swelling over front of superior maxilla, skin not involved. Soft fungating mass in position of first molar through which a probe can be passed into antrum.

No glands. Complete excision of superior maxilla; growth found to be an epithelioma on microscopic examination.

*Of hard palate.*—Males 2. C. 1, U. 1.

1. Male, æt. 60. Growth occupying left half of hard palate of 7 months' duration; hard gland behind angle of jaw. Resection of lower half of superior maxilla, after a preliminary tracheotomy; good recovery.

2. Male, æt. 70. Fungating mass involving palate and gum; numerous glands. No operation advised.

*Of tonsil.*—Male, æt. 30. History 10 weeks. Excavated ulcer, size of a penny, which has completely destroyed right tonsil. Soft palate, root of tongue, and lower jaw also involved; numerous glands affected. Unfit for operation.

*Of tongue.*—Males 8. C. 2, U. 4, D. 2. Hereditary history of cancer in no case, of syphilis 1; involving jaw 1, floor of mouth 2, anterior pillar of fauces 2, epiglottis 1; glands involved 5; leukoplakia 1; marked salivation 1.

*Treatment.*—Local removal of ulcer 1 (glands also affected, but too extensive for radical operation); partial excision with scissors 3; preliminary ligature of lingual artery 2; complete extirpation 1.

*Fatal cases.*

1. Male, æt. 57. History of syphilis, sore noticed for 12 months. Large ulcer occupying left side of tongue, extending from tip back to anterior pillar of fauces; submaxillary and cervical glands much affected. Cheek divided, jaw sawn through, submaxillary region cleared out, lingual artery tied, and tongue extirpated with part of tonsil. Cervical glands also removed. Sloughing ensued and wound in neck gaped, leaving large hole through to mouth. Septic broncho-pneumonia followed, with extensive sloughing in mouth; death on 20th day. P.M.—More affected glands found in neck; septic broncho-pneumonia of both lungs, a large cavity containing pus in the upper lobe of left; liver fatty.

2. Male, æt. 54. History 9 months. Malignant ulcer at posterior half of left border of tongue; no enlarged glands. Excision of left half of tongue after preliminary ligature of lingual. Sudden death next morning. P.M.—Atheroma of coronary arteries and aorta, with dilatation of thoracic portion. Tubercles present in both lungs; apoplectic cyst of right optic thalamus. Liver cirrhotic, kidneys granular.

*Of floor of mouth.*—Males 7. R. 1, U. 4, D. 2. History of syphilis 2; jaw implicated 3; glands affected 5; marked salivation 2; involving and fungating through skin of neck 1; erysipelas arising in hospital 1.

*Treatment.*—Removal with scissors 1; removal with a portion of the inferior maxilla 2.

*Fatal cases.*

1. Male, æt. 72. History 4 months. Ulcer in floor of mouth extensively removed with median portion of lower jaw. Death 15 days after operation. P.M.—Some new growth found at root of tongue; pneumonia of left lower lobe; some pus in bronchi; atheroma.

2. Male, æt. 58. Growth removed from floor of mouth with portion of inferior maxilla, which was then wired. Erysipelas on 8th day; death 3 days

afterwards. P.M.—Hypostatic congestion of lungs, sprinkled with patches of broncho-pneumonia.

*Of lip.*—Males 7. C. 4, R. 1, U. 1, D. 1. Recurrent growth 3; glands affected 5; operation performed 6; refused operation 1; removal of glands with growth 4.

*Fatal case.*—Male, æt. 75. Operation of removal of V-shaped portion of lip. Sudden death on 11th day with symptoms of pulmonary embolism. No P.M. obtained.

*Of cheek.*—Males 3. R. 2, U. 1. Too extensive for operation 2; removal with glands and portion of inferior maxilla and discharged with salivary fistula 1.

*Of larynx.*—Male, æt. 57. History 4 months. Admitted with large glandular tumour on left side. Extensive malignant ulceration of left side of larynx, extending over right arytenoid. Low tracheotomy performed as there was much stridor; glands scraped.

2. Female, æt. 40. Family history of cancer. Small growth removed from right breast 20 years ago, which was pronounced to be cancerous in nature. Difficulty in swallowing first noticed 6 months ago, followed by appearance of a hard swelling in mid-line of neck 3 months ago. This has since rapidly increased, and patient can now only swallow liquids in small quantities, while for last 3 weeks has had paroxysmal attacks of dyspnœa. Front of neck is occupied by a large growth in situation of thyroid body, passing out laterally beneath sternomastoids, and to within  $1\frac{1}{2}$  inches of sternum. Voice hoarse, with inspiratory stridor. Structures around glottis infiltrated with new growth and swollen. Right abductor paralysis; ulcerated mass of new growth projecting into pharynx. Tracheotomy performed night of admission, and gastrostomy on 9th day. Incision made through rectus. Six ounces of food injected at once through a large aspirating needle, and stomach opened next day. Discharged decidedly improved on 25th day, the gastrostomy opening acting well.

*Of neck.*—Males 2. C. 2. One a superficial epithelioma; the other a large deep tumour of neck, the skin over it involved but not ulcerated; removed by extensive dissection and found to be a squamous-celled carcinoma, possibly arising from a branchial cleft.

*Of glands of neck.*—Males 7. C. 5, R. 1, U. 1. All secondary to growth previously removed. Secondary to growth of lip 3, tongue 3, larynx 1; sub-maxillary region 4, cervical 3; operation in 6.

*Of penis.*—Males 2. C. 1, R. 1. Of prepuce 1, of glans 1; local removal 1, refused operation 1.

*Of scrotum.*—Male, æt. 59. Two years' history; a carman by occupation; no glands; growth removed, good recovery.

*Of urethra.*—Females 2. U. 2. Nothing done in either case.

*Of bladder.*—Males 4, female 1. R. 1, U. 2, D. 2. One case admitted twice; hæmaturia 4; retention 2; supra-pubic cystotomy and drainage 3; digital exploration of bladder *per urethram* 1.

*Fatal cases.*

1. Male, æt. 78. Hæmaturia 15 months, catheter used 5 months. Retention

on admission, urine drawn off through catheter thick and ammoniacal. Supra-pubic cystotomy, growth felt attached by broad pedicle to anterior and left lateral walls. Urine continued very alkaline, with blood and pus, in spite of frequent irrigation. Death on 19th day after operation. P.M.—Raised pinkish growth with broad pedicle attached to left half of bladder, with small nodules on right side; cystitis; prostate much enlarged; no secondary growths.

2. Male, æt. 61. Admitted with retention, due to stricture and enlarged prostate; catheter life for 18 months. Catheter passed with difficulty and frequently blocked with blood-clot. Supra-pubic cystotomy; large hard growth felt extending from lower part of anterior wall to the prostate. Death next day. P.M.—Large irregular nodulated new growth, not ulcerated, surrounding orifice of urethra, evidently primarily arising in prostate, which was uniformly and greatly enlarged. Bladder dilated, and both ureters uniformly dilated, including the pelves. Iliac and lumbar glands infiltrated with new growth. Left ventricle hypertrophied.

*Of buttock.*—Male, æt. 61. Removal with the inguinal glands, which were also affected. Typical epithelioma.

*Rodent ulcer.*—Male 1, females 2. C. 3. All of upper part of face. Duration 2, 6, and 11 years respectively. All removed by operation. Erysipelas in 1 case.

#### *Sarcoma—*

*Of bone* (excluding jaws).—Males 4, females 3. C. 2, U. 4, D. 1. Hereditary history of sarcoma in none; history of trauma 2; periosteal of clavicle 1, of femur 2, of ribs 1, of ilium 2, of metatarsus 1; recurrent 1, 6 months after previous operation; readmitted later with multiple secondary growths, and death in hospital 1 (see below); secondary growth upper end of humerus 1; pressure on sacral plexus 1. Large round-celled 1; ossifying small round-celled 1; spindle-celled 1.

*Treatment.*—Amputation at hip-joint 1, of middle third of thigh 1, Lisfranc's amputation 1; refused operation 1, not advised operation 3.

*Fatal case.*—Female, æt. 19. Growth noticed for 1 year. Large fusiform swelling extending over the middle two-fourths of the left femur, veins dilated over it, no enlarged glands. Explored, and large cyst opened; portion removed found to be a large round-celled sarcoma. Amputation at hip-joint by transfexion, abdominal aorta being digitally compressed. Great shock, some sloughing of flaps, urticarial rash. Death on 15th day after operation. P.M.—No secondary growth; right hypostatic pneumonia; submucous hæmorrhages of stomach.

*Of jaw.*—Males 4, female 1. C. 4, R. 1. Of antrum 1; of alveolus superior maxilla 1, inferior maxilla 3; recurrent 2; secondary growths superior maxilla and clavicle 1. Large round-celled 2; myeloid 2. Resection superior maxilla 1; local removal with portion of alveolus 4.

*Of nose.*—Male, æt. 42. Cavernous fibro-sarcoma of nasal septum. Rouge's operation with removal of growth.

*Of tonsil.*—Males 2, female 1. R. 1, U. 2. Recurrent 1; too extensive for operation 2. Removal in 1 case from the neck, dissection extensive; growth round-celled with much lymphatic tissue, probably arising primarily in tonsil. Readmitted later with recurrence, and has since terminated fatally.



*Of neck.*—Males 3, females 3. C. 3, R. 1, U. 2. Situated in sterno-mastoid spindle-celled 2, lympho-sarcoma 2; displacement of larynx with dysphagia 1; erysipelas 1. Removal 4; too extensive for operation 2.

*Of breast.*—Female, æt. 69. Very large cystic sarcoma, many of the cysts being of large size; first noticed 7 years ago. Amputation of breast, recovery.

*Of testis.*—Male, æt. 37. Doubtful traumatic history, duration 3 months. Castration; part of growth soft and breaking down; cord involved high up inguinal canal, necessitating extensive dissection. Sudden death 10 days after operation. P.M.—Growth a large round-celled sarcoma; secondary growths in liver and both lungs, with a pint of fluid in left pleura; mitral disease; growth in stump of cord.

*Of kidney.*—Female, æt. 27. Swelling noticed 4 months. Confined of her third child 3 months ago. Mass semi-fluctuating, occupying right lumbar and part of umbilical region; pain severe; no pelvic mischief. Explored both from linea semilunaris and lumbar region; parts much matted; kidney composed of vascular growth with several cysts, and some pus in its substance. Portion removed proved to be a fibro-sarcoma. Temperature gradually rose, necessitating second exploration in 3 weeks' time, during which peritoneal cavity was opened and gut exposed. Temperature again rose, and a free faecal fistula formed through anterior incision. Went out at her own request. Urine normal throughout.

*Of abdominal wall.*—Male, æt. 53. Large growth attached to posterior abdominal wall; examined under anæsthetic, but exact nature or origin not made out. No operation advised.

*Of thigh.*—Female, æt. 17. Mixed round- and oval-celled growth, situated in subcutaneous tissue over lower part of outer side of thigh; removed, and raw surface grafted by Thiersch's method.

*Of corpus cavernosum.*—Male, æt. 64. Duration 6 months. Large hard growth, size of two fists, occupying upper part of right side of scrotum, stretching back into perinæum and involving root of penis extensively; no difficulty in micturition. Amputation of genitalia, urethra being brought out in perinæum. Death on 5th day. Microscopically: small round-celled sarcoma, containing in parts much fibrous tissue, and arising in corpus cavernosum. P.M.—No glands; prostate enlarged; lungs emphysematous and congested; cloudy swelling of liver.

*Multiple secondary sarcomata.*—Male, æt. 31. Thigh amputated in middle third for ossifying small round-celled periosteal sarcoma of femur 4 months ago (see above). Readmitted with growth of left upper jaw, noticed 2 months; bony end of stump much thickened. Gradually became worse; definite recurrence in stump; secondary nodules occurred in skin of chest, abdomen, and arm, with signs in both lungs. P.M.—Pleuræ extensively converted into shells of apparent bone,  $\frac{1}{4}$  inch in thickness; at the apices of the lungs much larger masses of the same tissue. All proved to be ossifying round-celled sarcomata.

#### *Simple tumours—*

*Lymphadenoma.*—Males 7, female 1. C. 4, R. 2, D. 2. Glands of neck 3 neck and axillæ 1; neck, axillæ, and groins 4, in 2 of which the iliac glands were



also affected; spleen not tangibly enlarged in any; operation for removal of glands 5, arsenic administered to remainder.

*Fatal cases.*

1. Male, æt. 8. First noticed lump in left axilla 3 months ago, followed by lump in neck and affection of general health. Large collar of glands extending across lower part of neck in front of trachea, and on to upper piece of sternum, where it is covered by numerous large dilated veins. The lateral parts consist of softer and smaller glands, extending along sterno-mastoids in posterior triangle of neck as high as the mastoid processes. Numerous glands in both axillæ, with slight enlargement of inguinal glands, and a large mass lying in right iliac fossa extending outwards as far as anterior superior spine of ilium. Considerable stridor on inspiration. Ice-bag applied to neck, and arsenic given internally. To relieve the respiration, the median portion of the collar was excised on 15th day. The glands extended behind sternum, and were closely adherent to left innominate vein. Difficulty in respiration returned, the glands continued to grow, and death ensued on 52nd day. P.M.—Abdomen distended with fluid; the pelvis filled with masses of enlarged glands; retro-peritoneal and mesenteric glands all enlarged; spleen firm. Left pleura full of fluid, and lung collapsed against the spine; similar but less marked condition on right side; bronchial and mediastinal glands much enlarged. Great excess of fluid in the sub-arachnoid space. Legs œdematous.

2. Male, æt. 14. History of 10 weeks' duration. Glands of neck, axillæ, and groins much enlarged. Dulness behind upper part of sternum, and marked stridor on inspiration. Attacks of epistaxis, and severe dyspnœa, for which inhalations of oxygen were tried. Death on 6th day. No P.M.

*Nævus.*—*Fatal case.*—Male, æt. 5 months. Mixed nævus of upper eyelid. Death from diarrhœa and vomiting, temperature reaching 104·6°. No P.M.

*Lymphangiectasis.*—1. Female, æt. 12. Admitted complaining of pain and tenderness in a swelling of the abdominal wall, which has existed since birth. There is a dense thickening with definite margin, 3—4 inches in diameter, of the abdominal wall over right iliac and lumbar regions. The skin is somewhat inflamed, and covered with vesicles containing clear fluid, some of which have burst, and are covered by small crusts. Pain disappeared under treatment. The growth was then excised, the skin being brought together with button sutures. Growth consisted of dilated lymphatic spaces.

2. Female, æt. 12. Congenital asymmetry of face, due to diffuse thickening of right cheek, extending back to angle of jaw, and almost up to lower margin of orbit. Tongue enlarged and thickened, and covered with hypertrophied papillæ and vesicles containing clear fluid, especially at the tip and on posterior part of dorsum. Speech indistinct. Nothing done.

*Fibro-myoma.*—Females 4. C. 2, U. 1, D. 1. Transferred to Gynæcological ward 1; laparotomy with removal of growth and intra-peritoneal treatment of pedicle 1; hysterectomy 2.

*Fatal case.*—Female, æt. 32. Tumour first noticed 15 months ago; some irregularity of menstruation. Growth of large size, and incision prolonged nearly to tip of ensiform cartilage. The tumour was attached widely to upper posterior part of uterus, and attached behind by strong adhesions, especially to the sigmoid

flexure and rectum. In separating them the rectum was injured, and sewn with continuous sutures. Right ovary found to be cystic, and removed. Hæmorrhage free, and large clamps used. Pedicle pins having been passed and serre-nœud fixed, the uterus was amputated. At this point the patient was infused with 5 pints normal saline solution. Remaining adhesions then freed and tumour peeled from its capsule, as it had lifted peritoneum before it in its growth out of the pelvis. The hæmorrhage was controlled with difficulty, and capsule sewn to the abdominal wall, thus separating bed of tumour from peritoneal cavity; marine sponges with string attached were packed in the pelvis, and the wound closed except at lower part. Tumour weighed 7 lbs. 10 oz., and was a pure fibro-myoma. Patient never fully rallied, and died on 5th day, the temperature rising before death to 106°. Some fecal matter on dressings during the last day. P.M.—Hypostatic pneumonia on both sides. No peritonitis. Wound in anterior wall of rectum 5 inches from lower end, and another smaller rent on opposite wall. Both ureters and pelvis of kidneys much dilated.

#### *Cysts—*

*Hydatid.*—1. Male, æt. 10. Pain on sitting for 4 days. Right ischio-rectal fossa tense and prominent, skin discoloured with increased heat. Tense elastic swelling could be felt *per rectum*, bulging the wall of the bowel for 2 inches. Incision made radiating from anus; brownish fluid escaped, carrying with it several collapsed hydatid daughter-cysts. The opening was enlarged, and the wall of the mother-cyst entirely removed. No further trouble.

2. Male, æt. 43. Admitted with two herniæ—umbilical and reducible left femoral. The latter he had had for 3 years, and for the same period had had a swelling on the right side, never reducible. During this time had worn a double truss, the right pad being hollow. The swelling on right side had rapidly increased, with great pain in it for last fortnight, of sudden onset at first. No vomiting. Swelling size of large cocoa-nut, tense, tender, and fluctuating; no impulse; skin thin in places, and inflamed. Operation at once. Mass proved to be a large multilocular cyst, with distinct pedicle passing into peritoneal cavity. Several cysts opened, and found to contain straw-coloured fluid and to be lined with a distinct membrane. Pedicle ligatured, and its stump returned. Examination of the removed cysts proved them to be hydatids. No further developments.

*Ovarian.*—Females 8. C. 4, R. 2, U. 1, D. 1.

1. Female, æt. 44. Unmarried. First noticed swelling of abdomen 12 months ago, which has gradually increased, being chiefly confined to the right side, and latterly causing pain. Extremely deaf. Large flaccid fluid tumour, mainly situated on right side, and extending to 2 inches above umbilicus; very movable from side to side, but not up or down. Uterus in normal position, its canal being  $\frac{1}{4}$  inch longer than normal. Ovariectomy through 4-inch incision; cyst unilocular with no adhesions, and easily removed after tapping. Discharged cured 20 days after operation.

2. Female, æt. 50. Married. Transferred from Medical ward, having been admitted 2 months previously for peripheral neuritis. On admission resistance but no definite abdominal tumour felt. *Per vaginam* a cystic tumour felt in front of uterus, which was abnormally small. Catamenia absent for 1 year. Before operation a fluctuating tumour felt extending to just above umbilicus.

Ovariectomy through  $3\frac{1}{2}$  inch incision. Cystic tumour of right ovary; contents gelatinous, necessitating incision for their evacuation, and amounting to 3 pints. Discharged cured on 18th day after operation.

3. Female, æt. 34. Married. Swelling of abdomen noticed for 9 months. Tenderness for last 3 months, with nausea and shortness of breath. Fluctuating cystic swelling occupying greater part of abdomen, mainly on right side. Thrill well marked, but a more solid portion existed below and to right of umbilicus. Uterus displaced backwards and to the right, canal normal in length. Cyst multilocular, with viscid contents. Discharged cured on 20th day after operation.

4. Female, æt. 21. Unmarried. Swelling of abdomen noticed 12 weeks, increasing in size and accompanied by shortness of breath. Catamenia absent 3 months. Large accumulation of fluid in peritoneal cavity, in midst of which a large, very movable, solid mass could be felt, the nature and connections of which were obscure. Uterine canal of normal length, direction upwards, backwards, and to the right. Two very large inguinal herniæ also existed, the contents being fluid, which could be easily reduced into the peritoneal cavity. Incision 3 inches made, and nearly 11 pints of fluid, suggesting ovarian fluid, were evacuated. The tumour was now tapped, but the contents were too gelatinous to flow through cannula. Incision enlarged, and tumour eventually removed. It proved to be a multilocular cyst of left ovary, one of the posterior loculi of which had ruptured through a circular rent about 2 inches in diameter. After the operation the fluid had disappeared from the hernial sacs, which then contained only air. Discharged cured 37 days after operation.

4. Female, æt. 52. Married. Strain 12 months ago, ever since which time a tumour has been noticed in her lower abdomen, increasing in size. Has had great pain for 4 days before admission, with some vomiting. Large cystic tumour rising out of pelvis on right side, and extending nearly to the umbilicus. Tenderness on pressure over it, with great rigidity of abdominal wall. Pregnant 4 months. The pain subsided in a few days; some vomiting while in hospital. Refused operation.

5. Female, æt. 43. Married. Pain in right iliac fossa with loss of health for 3 years. Lump first noticed  $1\frac{1}{2}$  years ago, increasing rapidly the last 9 months. Has lost flesh. Tumour consists of a number of cysts of varying sizes, and is fixed mainly on right side. Uterus fixed and drawn up; canal of normal length, and slightly twisted to right. Pelvic viscera entirely lifted out of true pelvis. Ovariectomy through 5-inch incision. Three pints of fluid evacuated through cannula, viscous and dark brown from altered blood. Adhesions numerous and dense, the small intestine being adherent above, and a mass of glands found around rectum, many of which had to be left behind. Tumour on removal weighed 20 oz.; some of the smaller cysts contained solid growth, soft nodules of which were scattered over peritoneal surface of the tumour. Discharged relieved 33 days after operation.

6. Female, æt. 62. Married. Admitted for a soft doughy swelling around umbilicus, adherent to skin over its whole surface, and probably fatty. Had never noticed the larger tumour. Large fluctuating tumour occupying lower central part of abdomen, thought to be a cyst of left ovary, the uterus being pushed backwards. Declined operation.

*Fatal case.*—Female, æt. 53. Married. Pain in abdomen 7 weeks, a tumour being then noticed on right side, followed by one on left. Extreme nausea 2 weeks before admission. Large tense elastic tumour below and to right of umbilicus, fixed vertically but movable laterally. Vaginal roof depressed, and uterus displaced forwards, upwards, and to the left. Cervix flattened against upper part of symphysis. Sudden pain during administration of an enema, with disappearance of the tumour, the area of dulness changing from the front to the flanks. Laparotomy same day. Viscid greenish fluid escaped on opening peritoneum. A collapsed right ovarian cyst was found lying at back of pelvis. A rupture, large enough to admit a finger, was found in lower posterior part of cyst-wall. Cyst removed, irrigation of peritoneum with warm boracic, and glass drainage-tube inserted. Patient very collapsed, and died next day. No P.M.

*Parovarian.*—Female, æt. 28. Married. Abdomen began to swell 11 months ago, just after birth of first child. The swelling tapped 10 months ago, and 21 pints of clear fluid withdrawn, sp. gr. 1006, acid, containing much chloride of sodium and a trace of albumen. The fluid re-accumulated. On readmission abdomen distended and globular, umbilicus somewhat prominent. Catamenia regular. Laparotomy with 3-inch incision, cyst tapped, and 14 pints 10 oz. of fluid withdrawn. Cyst then removed; one adhesion. Discharged cured 16th day after operation.

*Dermoid of ovary.*—Female, æt. 41. Married. Lump in abdomen noticed 9 months. Tumour very movable, no pain. Extremely movable globular tumour, about size of cricket-ball, can be placed in almost any part of abdominal cavity. Unconnected with uterus which, with its appendages, appeared normal. Laparotomy. Tumour punctured with trocar, thick sebaceous matter appearing with hair. Cyst incised, and contents evacuated. Cyst connected with left ovary, also by pedicles with the large intestine and the omentum. Discharged cured 19 days after operation.

## CIRCULATORY SYSTEM.

*Aneurysm.*—Males 4, female 1. C. 3, U. 1, D. 1.

*Aorta.*—Male, æt. 40. No history of syphilis. Rheumatic fever 20 years ago. Pain in right shoulder and cough on and off for 18 months. Pulsation at root of neck on right side. Diminished resonance over upper piece of sternum, and pulsation in second right intercostal space. Slight tracheal tug, hoarse cough; vocal cords move well, larynx congested. Pupils unequal, left being the larger. Heart enlarged; double aortic murmur; systolic murmur at apex conducted into axilla. Pulse collapsing; trace of albumen in the urine. No treatment except for cough.

*Palmar arch.*—Female, æt. 20. Cut her hand with broken cup 3 months ago. A scab remained, which was knocked off a month ago; bleeding arrested by pressure. Burst again 2 days before admission. Admitted with small, red, pulsating tumour, uncovered by skin, in position of superficial palmar arch. Arch tied on each side, with one digital artery, and aneurysm removed entire with the vessels from which it arose.



*Ilio-femoral*.—Male, æt. 30. Had a chancre 4 years ago, followed by sore throat, but no rash till 9 months afterwards, during an attack of rheumatic fever. A joiner by occupation. Pain in left groin at night for 1 year; pulsation noticed 3 months, and swelling 2 months. Oval ilio-femoral aneurysm, extending downwards 2 inches below Poupart's ligament, and upwards two-fifths of distance to umbilicus. No sign of disease in chest. External iliac ligatured by trans-peritoneal method, the incision being in the linea semilunaris. Artery tied, probably about  $\frac{3}{4}$  inch below bifurcation, with two separate ligatures of floss silk, sufficient force to rupture the coats being used. Deep epigastric arising from sac was also ligatured. Pulsation in sac ceased immediately; sac soon became firm and began to contract. Circulation in the limb soon became satisfactory. Wound gaped slightly with superficial suppuration after removal of stitches. Allowed up on 38th day. Discharged wearing abdominal belt on 46th day after operation.

*Popliteal*.—Male, æt. 47. Labourer. No history of syphilis. First noticed a lump in popliteal space 7 months ago, does not think it has increased in size. Popliteal aneurysm, size of hen's egg, occupying lower part of space; no pressure symptoms. Cardiac hypertrophy and double aortic disease; arteries rigid, pulse collapsing. Ligature of superficial femoral at apex of Scarpa's triangle, the material being floss silk, tied in a reef-knot with rupture of coats; sheath closed with one suture. Pulsation ceased at once, and did not return, aneurysm rapidly diminishing in size. Allowed up on 23rd day. Discharged cured on 29th day.

*Fatal*.—*Ascending aorta*.—Male, æt. 34. Mounted police constable, formerly in the Dragoons. Had several soft chancres at that time, but no history of constitutional syphilis. Previously admitted with right popliteal aneurysm, for which the superficial femoral was tied in Scarpa's triangle, with silk and without rupture of coats, in March, 1888. Discharged cured, but readmitted with left popliteal aneurysm, first treated by compression, but the superficial femoral artery subsequently ligatured with two silk ligatures and a stay-knot in August, 1889. Three months ago thrown from his horse, and within a month began to have pain in right shoulder. Noticed a pulsating swelling above right clavicle 3 weeks before admission. A pulsating swelling extends from mid-line  $2\frac{1}{2}$  inches outwards, and 1 inch above right clavicle, inner end of which could not be made out. No swelling of arm, alteration of voice, or signs of intra-thoracic aneurysm. The aneurysm was diagnosed as innominate, and the third stage of subclavian and common carotid ligatured at one operation. Carotid tied by two silk ligatures without rupture of coats, the two ligatures being tied together, but the subclavian being wounded in passing the needle severe hæmorrhage ensued, and the artery was tied in two places and cut between. Wounds healed, but aneurysm continued to increase in size, spreading up over manubrium, and finally spreading considerably to left of mid-line. On 60th day after operation a thin-walled purplish swelling formed at inner end of subclavian incision. On 83rd day this broke and discharged pus, leaving an ulcer. The aneurysm ruptured 3 days later at this point, with immediate death from hæmorrhage. P.M.—Just above right second rib was an opening, through which the aneurysm had ruptured into an abscess cavity, opening externally at inner end of subclavian scar.



Sternal end of clavicle completely absorbed, and manubrium eroded. Aneurysmal sac contained 6 ounces of partially decolorised blood-clot, and communicated by a circular smooth-walled aperture, large enough to admit fore-finger, with the arch of the aorta in front of the innominate, which was healthy, as was the rest of the arch. Heart normal; some adhesions about right apex of lung. For condition of the older aneurysms and ligatured vessels, see 'Lancet,' December 3rd, 1892.

*Gangrene.*—Males 3, females 4. C. 2, D. 5.

1. Female, æt. 71. Right leg had been amputated at seat of election for gangrene following injury 6 years ago. Has had a small ulcer at root of left third toe for nearly 3 months; foot became red and painful 14 days ago, and has since become black. Moist gangrene of the 4 inner toes, distinct line of demarcation, skin on dorsum beyond this dusky red. No pulsation to be felt in either tibial or in popliteal artery, feeble in common and in superficial femoral. Systolic murmur at apex, and another at right base of heart; arteries rigid and tortuous. No albumen or sugar in the urine. Circular amputation at lower third of thigh, artery so calcareous at this point as to cause difficulty in applying ligature. Subsequent progress good, except for a bed sore which was nearly healed on discharge.

2. Male, æt. 47. The great toe became painful and inflamed 8 weeks ago without any known cause. Began to blacken and be offensive some days before admission. Dry gangrene of left great toe, with definite line of demarcation at its root. Unhealthy inflamed ulcer on dorsum of foot. Tibial pulses just perceptible on both sides. Heart enlarged, but no murmur; albumen  $\frac{1}{16}$ . Arteries rigid and tortuous. Thrombosis of internal saphenous vein on 11th day. Ulcer on dorsum continued to spread, so thigh amputated by circular method in lower third on 17th day. Femoral artery completely thrombosed at point of division. Discharged cured on 57th day.

*Fatal cases.*

1. Male, æt. 70. Senile gangrene of left foot, commencing 10 weeks ago from cutting corns too deeply. Moist gangrene of 3rd toe and portion of dorsum, the second toe having already sloughed off. No pulsation in tibials, arteries thickened and tortuous. Mitral and aortic systolic murmurs. Some albumen and trace of sugar in urine. Amputation of leg below knee; arteries calcareous. Death on 2nd day after operation. No P.M.

2. Male, æt. 52. Rheumatic fever 8 years ago, leaving a weak heart. Gangrene commenced 3 weeks ago. Gangrene of right leg, reaching to within 3 inches of tubercle of tibia. Irregular ulcerating line of demarcation. No pulsation in femoral artery. Heart much dilated, with mitral systolic murmur. Liver and spleen enlarged. Urine normal. Amputation by flaps through middle third of thigh, both artery and vein being plugged at point of division. Death on 2nd day. P.M.—Both external iliac and femoral artery contained ante-mortem clot, no venous thrombosis. Heart flabby and dilated, with mitral incompetence, no atheroma. Liver and spleen enlarged; kidneys granular.

3. Female, æt. 75. Subject to attacks of gout. Gangrene of right great toe commenced 2 months ago following one of these attacks. Dry gangrene of whole of toes and half of dorsum of foot. No pulsation in any of arteries of

right lower limb. Thickening of arteries of upper extremity. Mass of glands in groin. Delirium, and died suddenly on 3rd day. P.M.—Thrombosis of right common iliac artery, extending down into femoral. Atheroma of vessels. Hypostatic pneumonia.

4. Female, æt. 74. Palpitation of heart for many years. Feet cold and numb for some months. Gangrene set in in left great toe 3 weeks ago. Dry gangrene of great and little toes with 2 perforating ulcers of sole. Circulation feeble and rapid. Trace of albumen in urine. Heart sounds normal, but rhythm intermittent. Operation refused, gangrene spread slowly, delirium supervened with bronchitis, and death on 24th day. P.M.—Extensive atheroma of whole aorta, external iliacs, and femorals; no embolus. Old fistulous communication between gall-bladder and duodenum. Old infarct in spleen, and interstitial nephritis.

5. Female, æt. 68. Varicose veins of both legs for 20 years, with an ulcer on the right for 4 years. Left great toe became inflamed 3 weeks ago, inflammation spread to foot, and 4th and 5th toes began to ulcerate. Left foot and lower third of leg œdematous, with patch of inflammation over dorsum. Two outer toes ulcerated down to ligaments; no albumen in urine. No pulsation in either tibial, but still present in popliteal. Gangrene spread on to foot, nearly reaching outer malleolus. Became delirious at nights, and gradually sank, dying on 35th day. Operation refused. P.M.—Gross disease of whole aorta, also of iliac and femoral arteries, with calcareous plates in them. No valvular disease. Chronic interstitial nephritis.

### DUCTLESS GLANDS.

*Bronchocele.*—Male 1, females 8. C. 3, R. 3, U. 3. One case admitted twice; 5 underwent no operative treatment; division of isthmus 1; partial removal of gland 3.

1. Female, æt. 15, native of Rutland. Swelling in front of neck noticed a year. Large symmetrical bronchocele with well-marked median lobe, and of uniform consistency except for some harder lumps in upper part of right lateral lobe. Hæmic murmur, slight stridor. Isthmus ligatured in two places and divided. Marked dyspnœa for some days after operation, with considerable stridor, which had not entirely disappeared on discharge. Readmitted in 4 weeks' time, the dyspnœa having again increased. Right lobe of thyroid excised, the removed portion appearing normal except for a few small cysts. No return of dyspnœa after operation, and marked diminution in size of left lobe on discharge.

2. Female, æt. 15, native of Camberwell. Swelling noticed 2 years, has increased in size, with dyspnœa at night, of late. Consists of 3 markedly distinct parts, the central lobe extending from just above thyroid cartilage downwards beneath upper margin of sternum, while the lateral lobes reach nearly as high as angle of jaw, and are separated by a deep sulcus from central portion; consistency uniform. Whole gland excised with exception of upper portion of right lateral lobe. Parenchymatous in structure, containing a few small cysts; one, the size of a hazel nut, contained altered blood. Had some bronchitis with high temperature for some days, but otherwise did well.

3. Male, æt. 20, native of Peckham. History of 18 months' duration, has latterly

had severe attacks of dyspnœa. Large goitre measuring 8 inches from side to side. Consistency soft and uniform. Stridor on deep inspiration; no laryngeal paralysis. Isthmus excised, was found to be distinctly bi-lobed, with keel-shaped trachea. Expiratory dyspnœa for two days, which afterwards entirely ceased. Portions of the removed gland grafted into subcutaneous tissue of a cretinous child and an elderly myxœdematous woman, the grafts being entirely absorbed in both cases.

#### DIGESTIVE SYSTEM.

*Acute intestinal obstruction.*—Male 1, females 3. D. 4.

1. Male, æt. 32 hours. Constant vomiting since birth; nothing passed *per rectum*; no obstruction met with on digital examination. Oil enemata given, the second bringing away two pultaceous masses. Median incision of abdomen. About 8 inches above cæcum the distended small intestine suddenly ended; beyond was collapsed small intestine, with apparently complete absence of lumen in the thin band connecting the two parts. Slightly higher still the intestine was again constricted by a band about 2 inches long, coming from the intestine about 2 feet above cæcum; at this point the lumen was patent. Several other marks of constrictions, as if by bands, seen on the gut. Meckel's diverticulum not present. Distended intestine tapped and meconium drawn off, the open bowel being sutured to the abdominal wound. Death next day. No P.M. obtained.

2. Female, æt. 55. Had worn a truss for a right femoral hernia 17 years. Seized with sudden pain the day before admission, in right groin and hypogastrium. Vomiting during night and on day of admission. Pain constant, with exacerbations. Tender spot below and to right of umbilicus. No distension of abdomen or signs of fluid. On coughing, a small hernia with good impulse descends through the large femoral ring, but is easily reducible. Abdominal section in mid-line day after admission. A tense band  $1\frac{1}{2}$  inches long passed from a loop of small intestine to inner side of neck of the femoral hernial sac where it was adherent. Beneath this band another loop was strangulated, the gut being deeply congested, with well-marked lines of constriction. Band divided between two ligatures; no lumen seen, so the ends were dropped back. Vermiform appendix normal. Did well till 3rd day, when vomiting commenced, abdomen tender and rapidly became distended. Sank rapidly, and died same evening. P.M.—General peritonitis, centreing about some coils 2 feet from the cæcum. At this point was the stump of a Meckel's diverticulum, which had been ligatured, but was leaking slightly. Distal end of diverticulum found attached to inner side of hernial sac, with ligature on it. Constricted gut recovered. Viscera normal.

3. Female, æt. 60. A large ovarian tumour removed by abdominal section 9 years ago. Vomiting commencing suddenly, with pain in abdomen, for 6 days. Vomit like coffee-grounds, not fæcal. Complete obstruction during this time. Abdomen much distended. Ventral hernia at old scar containing intestine, most of which can be easily reduced. Some fluid in peritoneum. Enemata producing no result, abdomen was opened by median incision. Some coils distended, others collapsed, with numerous old and new adhesions between the coils. A sacculated condition of the abdominal wall was present, in which some of the small intestines lay. One large sacculus contained adherent omentum, this being

ligatured and removed. On freeing one loop of small intestine, a large ulcerated perforation found, size of a halfpenny. Distended gut incised and emptied in two places, the incisions being closed with Lembert's sutures. The perforated portion was clamped, and 3 inches excised, the two ends being brought out to make an artificial anus through a second incision below and to right of the large one, which was entirely closed. Sank, and died next day. P.M.—No recent peritonitis; small intestine much distended above. An incomplete obstruction by adhesion 2 feet above artificial anus. Old adhesions numerous. Right hydronephrosis; hydatid cyst of liver.

4. Female, æt. 61. Ovariectomy 9 years ago, with symptoms of acute obstruction 1 day before admission. Ventral hernia at site of old scar; opening into abdomen wide, with smooth firm edges. Hernia easily reducible. Bowels acted well shortly after admission. Vomiting continued; friends did not wish for operation; gradually sank, and died on 5th day. P.M.—Numerous adhesions, uniting coils of small intestine to one another, and also the liver and spleen to neighbouring parts. Near the ileo-cæcal valve, a coil was dragged upon by adhesions and twisted. Intestine above this point dilated, below collapsed. Several tubercular nodules seen in abdomen.

*Chronic intestinal obstruction.*—Female, æt. 49. Vaginal hysterectomy for carcinoma 2 years ago. Motions have been getting smaller for 6 months. Obstruction with vomiting for 16 days. Abdomen distended and tympanitic; visible peristalsis. Hard mass felt in right iliac fossa. Vagina ends in an indurated ulcerating cul-de-sac. Anterior wall of rectum bulged backward by a medium-sized growth, not sufficient to occlude bowel. Incision for left inguinal colotomy made. Distended small intestine bulged into the wound. Sigmoid flexure collapsed. A knuckle of small intestine firmly fixed by dense adhesions to old stump of uterus, which was the seat of recurrence. Gut distended up to this point. Median incision made for further examination, but sewn up, and distended small intestine fixed unopened in left inguinal incision. Gut opened on 4th day. Gradually sank, and died on 14th day. P.M.—Enterotomy wound was  $7\frac{1}{2}$  feet above point of obstruction, which was itself 4 feet above cæcum. Small intestine firmly adherent to uterine stump, where there was slight recurrence. Dilatation of right pelvis and ureter.

*Intussusception.*—Female, æt. 16. Sudden onset 7 days ago, with acute abdominal pain and vomiting, the latter only after solid food. Bowels not open for 6 days; flatus passed throughout. No blood *per rectum*. Median exploratory incision made on night of admission, turbid fluid escaped containing large flakes of lymph. Vermiform appendix, also Fallopian tube and ovary, normal; these examined through a lateral incision. Small intestine much distended; incised, contents evacuated, and again closed. Intussusception of small intestine about 3 inches long now found, the two inner layers being gangrenous. Intussusception with corresponding mesentery excised, and the gut brought together with a double row of Lembert's sutures, a row of mucous membrane sutures being used. Peritoneum irrigated with boracic, and glass drainage-tube used. Did well till 4th day, when some sloughing of edges of wound was seen; this increased with foul smell, and on 8th day a fæcal fistula became established in upper part of median wound. Rapid change for the worse with peritonitis now



set in, the temperature rising in the evening to  $106^{\circ}$ , and death occurred 24 hours later. P.M.—Below umbilicus and in pelvis the coils of small intestine were adherent with recent lymph. There was no real union between the divided ends of small intestine, which were slightly adherent posteriorly, but elsewhere gaped widely. The division in the bowel was 3 inches above ileo-cæcal valve. No peritonitis in upper part of abdomen. Some pus in both Fallopian tubes. A large honeycombed recent abscess existed in right posterior part of right lobe of liver, with points of suppuration in the left lobe. Black thrombus in portal vein, distinctly adherent to the wall. Other viscera normal.

#### GENITO-URINARY SYSTEM.

*Phagedæna*.—Males, 8. C. 4, R. 4.

No previous history of syphilis, or syphilitic manifestations while in hospital, in any. Prepuce and glans 6; prepuce 2; hæmorrhage 1; perforation of urethra 1; primary treatment by nitric acid 5; hip baths 3.

*Gonorrhœa*.—Females, 19. C. 15, R. 3, U. 1.

Bubo 1; warts 1; urethral caruncle 1; erosion of cervix 1; retroflexion of uterus 1; pelvic peritonitis 1; pregnancy 1; gonorrhœal rheumatism 1. Six other cases admitted for gonorrhœal warts.

*Cystitis*.—Males 7, females 3. C. 2, R. 5, U. 1, D. 2.

Previous attacks 3; previous lithotripsy 1; regular use of catheters for old stricture 2; enlarged prostate 2; tubercular 3. Endoscopic examination 1; digital exploration 1; suprapubic exploration 1.

#### *Fatal cases.*

1. Male, æt. 28. Pain in right lumbar region for 5 years, with severe exacerbations commencing 2 years ago, the pain shooting down into scrotum and penis, and causing retraction of testicle. Blood in the urine at these times. No history of calculus. Admitted into hospital 1 year ago, when there was rigidity with sense of resistance in right flank, but no tumour to be felt. No calculus in bladder. Urine contained blood, pus, and a little albumen. Explored in right loin, a few tubercular foci being found on kidney. The attacks of pain have continued ever since, with frequent passage of blood, sometimes in gushes; retention has also been caused by the clots. Urine contains pus, albumen, and blood; no evidence of stone in bladder. Boracic irrigation used for a month, followed by supra-pubic exploration of bladder, with negative result. Did well for several weeks, the bladder being irrigated through the wound, but after this vomiting of an incessant character set in, with death 35 days after operation. P.M.—The opening in the abdominal wall led into a hollow viscus, situated in mid-line, with cavity size of large hen's egg surrounded by very thin purely fibrous walls. It was lined by dark muco-pus, and showed no tubercle. The true bladder was found vertically below this anomalous sac, with which it communicated by a narrow smooth linear orifice, placed anteriorly; the bladder contained muco-pus, its wall was muscular and much hypertrophied, and its mucous membrane was studded with grey and yellowish-white ulcerating tubercles, as was the first inch of urethra. Right ureter much dilated, the left less so, but containing grey tubercles. Both kidneys showed yellow tubercles and caseous nodules with numerous points of simple (non-tubercular) suppuration, the left containing 3 large abscesses. Tubercle of



peritoneum, small and large intestine, liver, spleen, and pericardium. Tubercles also scattered over right Sylvian fissure.

2. Male, æt. 69. Previous attack of cystitis 2 years ago. Two months ago first noticed hard swelling in abdomen, and was unable to pass urine, a catheter being needed. Swelling increased rapidly 1 week ago, skin over it becoming red, and urine thick and foul. Has lost flesh. Tense red prominence below and to left of umbilicus, size of half a cricket-ball. Dulness extends from pubes to above this swelling. Abdomen distended, walls œdematous. Urine offensive and ammoniacal, containing much pus. Median incision made, opening an abscess-cavity containing pus similar to that voided *per urethram*, but no communication with bladder made out. Drainage-tube used, and catheter tied in bladder, through which it was frequently washed out. Low form of delirium, death on 4th day. P.M.—Abscess with rough walls situated in wall of fundus and posterior surface of bladder, the peritoneum being detached here. No communication with cavity of bladder, which was much fasciculated. Prostate much hypertrophied, and middle lobe prominent. Left lateral lobe infiltrated with firm opaque growth, also involving retro-peritoneal and internal iliac lymphatic glands. One focus of suppuration in kidney, calyces dilated. Lungs congested, heart dilated.

*Stricture of urethra.*—Males 18. C. 12, R. 4, D. 2. Traumatic 4; sequel to gonorrhœa 11; cause unknown 3. Inflammatory swelling round urethra 1; cystitis 1; partial retention 1; renal disease 2; double optic atrophy 1; pyæmia 2; rigors 4. Treated by interrupted catheterisation 8; continuous catheterisation 8; internal urethrotomy 2; fixing proximal end of urethra in perinæo 1; refused operation 1.

*Fatal cases.*—Pyæmia 2, see Special Table III.

*Retention of urine.*—Males 35. C. 21, R. 11, D. 3. Due to stricture of urethra 21, enlarged prostate 12, acute urethritis 1, calculus impacted in urethra 1. Stricture cases treated by: continuous catheterisation 12; interrupted catheterisation 5; perinæal puncture 3; supra-pubic aspiration 1. Cystitis 2; urethritis 2; perinæal abscess 1; syphilitic orchitis 1; pneumonia 1; rigors 7. Prostatic cases treated by: catheterisation 12; cystitis 2. Numerous calculi in prostatic urethra 1.

*Fatal cases.*

1. Male, æt. 62. Admitted with retention of urine, temperature, and rapid respiration. Stricture in bulbous urethra which has caused trouble in micturition lately. Complete dulness over left lung posteriorly as high as angle of scapula. Death on 5th day, temp. 104·8°. P.M.—Two moderate strictures in urethra, bladder moderately dilated and hypertrophied, some dilatation of pelves of kidneys. Complete consolidation lower lobe of left lung. Ascending arch of aorta much dilated, and deformed by extensive atheroma.

2. Male, æt. 70. Difficulty in micturition 3 years, increased for 3 months, with involuntary dribbling of urine. Retention 2 days. Two pints of urine evacuated by Coudée catheter, alkaline and ammoniacal. Typical case of paralytic retention with overflow; death on 6th day. P.M.—Bladder dilated and fasciculated, containing blood and mucus, with acute inflammation of mucous membrane. Prostate greatly enlarged, forming a ring round urethral orifice.

Kidneys somewhat granular. Lungs emphysematous, with collapse at bases. Atheroma of vessels at base of brain.

3. Male, æt. 62. Trouble in commencing micturition for some time past. Retention 3 days before admission for which urine was drawn off, since which time has had constant dribbling. Some blood present in the urine drawn off. On admission, bladder distended and large quantity of smoky urine drawn off. *Per rectum*, prostate felt enlarged and hard. Left thigh and leg swollen and œdematous. Catheters passed, a great deal of hæmaturia, sank rapidly, and died on 5th day. P.M.—Bladder enormously distended, with hæmorrhage into mucous membrane. Lateral lobes of prostate much enlarged. Interstitial nephritis. Hypostatic congestion of lungs.

*Extravasation of urine.*—Males 6. C. 4, D. 2. Following a kick some days before 1; old stricture 3; phimosis 1; ulceration of urethra 1. Free incisions in all, opening urethra in 4; external urethrotomy 3; subsequent plastic for fistula 2; extensive sloughing of skin 2; Thiersch's skin grafts 1.

*Fatal cases.*

1. Male, æt. 1 year 8 months. Penis and scrotum began to swell day before admission. Catheter passed, and incisions made in penis and scrotum. Death next day. P.M.—Recent extravasation of blood into subcutaneous tissue of abdominal wall. Mucous membrane of urethra behind incision much ulcerated. Bladder hypertrophied, with a few recent hæmorrhages; no calculus. Right ureter dilated; recent hæmorrhages; both kidneys showed some suppurative nephritis. Some pus in bronchi.

2. Male, æt. 7 days. Admitted with tight phimosis and œdematous swelling of scrotum and penis, occupying also fore part of perinæum, only noticed 8 hours. Circumcised and incisions made, urine escaping from the sodden tissues. Died next day. No P.M.

*Incontinence of urine.*—*Fatal case.*—Male, æt. 2 years 10 months. Ricketty child, with dribbling of urine for some weeks. Tight phimosis, bladder distended. Circumcision, catheter passed, and incontinence ceased next day; no calculus. On sixth day became very drowsy, followed by prolonged convulsion, muscular twitchings, and death. P.M.—Urethra normal; bladder dilated and greatly hypertrophied; both ureters and pelvis dilated. Well-marked interstitial nephritis with numerous cysts and wasted cortex, due evidently to hypertrophy of bladder secondary to tight prepuce.

*Urinary fistula.*—*Fatal case.*—Male, æt. 49. Two previous operations 8 and 6 years ago respectively for urethral calculus. Three years ago the scar of the median perineal wound broke down, and a urinary fistula has existed since. Around the fistula is a hard tender swelling. Incised; tissues gangrenous, extravasation having taken place. No catheter could be passed into bladder, owing to tight stricture in front of fistula. Sank and died on 3rd day, albumen found in urine. P.M.—Fistula opened into membranous urethra. Both ureters dilated. Right kidney large, containing enormous calculus, weighing  $4\frac{1}{2}$  ounces. Kidney contained 12 calculi. Lungs congested.

*Movable kidney.*—Female, æt. 31. Married. Has had 3 children, the last 4 years ago, with 3 miscarriages since. Has had pain in lumbar region at times since birth of last child. Tumour first noticed 1 year ago. Movable kidney of

normal size felt in right loin. Lumbar incision; kidney fixed to deep part of incision by 6 sutures. Result good. See also Hydronephrosis for 2 cases.

*Lardaceous kidney.—Fatal case.*—Female, æt. 29. Was operated on 4½ years ago for tubercular pyonephrosis of left kidney, which was drained but not removed. A sinus has remained in the loin ever since. Tumour in right side of abdomen noticed 4 months. Right kidney much enlarged, with edge of liver apparently spread over it. Albumen  $\frac{1}{2}$ . Lumbar exploration of kidney; much enlarged, but nothing else detected. Rapid lung tuberculosis after operation; sputum abundant and purulent; some hæmoptysis. Death on 22nd day after operation. P.M.—Left kidney represented by mass of dense fibrous tissue and fat enclosing several cysts containing fat. Right kidney lardaceous, weighing 2 lbs.; no sign of tubercle. Liver of great size undergoing advanced lardaceous change, and completely overlying kidney. Spleen large. Old fibroid with much recent tubercular disease in both lungs.

*Calcifying hæmatoma of kidney.—Fatal.*—Male, æt. 29. Transferred from Medical side. Horse kick in the back 15 years ago, passed no blood at time of injury. Severe pain 1 week afterwards in right loin, lasting 2 days. Three years ago, during a severe cold, was seized with violent pain in right loin, and after much straining passed a large blood-clot *per urethram*, the urine being porter-coloured for three days. Similar attack of pain, with passage of a large clot, occurred 15 days before admission; this accompanied by vomiting, which ceased after 5 days, during which time the urine contained blood. Had never passed any stone or gravel. Well-defined, hard, smooth tumour in right loin, giving on several occasions a sensation of egg-shell crackling on deep palpation. Urine normal. Explored through lumbar incision, when a portion removed was found to be bony or calcified. Growth then removed entire from lower part of kidney, size of large orange, complete with definite capsule; a small piece of normal kidney substance was spread over capsule. Growth thought to be an ossifying sarcoma, so kidney was removed, the pedicle being ligatured *en masse*. Hæmorrhage severe before ligature of renal vessels. Never rallied from the shock, though infusion of 6½ pints normal saline solution was practised. Died day after operation. Tumour on further examination proved to be an old hæmatoma undergoing extensive calcification, with a definite capsule. No P.M.

*Tubercular pyelitis.*—Female, æt. 63. Strong family history of phthisis. Increased frequency of micturition with abdominal pain six months. Urine has been thick 3 weeks, since which time has twice passed blood. Urine acid, containing pus and some blood, tubercle bacilli also found. Under anæsthetic nothing felt on sounding bladder, no enlargement of either kidney detected. Great frequency of micturition. Transferred to Medical side.

*Pyonephrosis.*—Female, æt. 36. Weak phthisical history. Attacks of pain in left loin with retching for last 6 years; has latterly had constant dull aching pain in addition. Swelling noticed in left lumbar region at times of pain, disappearing between. Urine thick for over a year, no blood. Tender tumour in left loin with doubtful fluctuation; distinctly varied in size while in hospital. Urine contained much pus, with some uric acid crystals. No bacilli; trace of blood. Lumbar exploration; pyonephrosis found, pelvis much dilated, kidney substance atrophied and stretched over it. Pelvis incised and drained; pus



offensive, contained no tubercle bacilli. No other signs either of tubercle or calculus made out. Did well; some pus still present in urine on discharge. See also under Renal calculus.

*Hydronephrosis*.—1. Female, *æt.* 26. Married. Has had two children, the last 10 months ago. Dull pain in right loin every few months for 13 years. After birth of first child the pains, which had ceased during pregnancy, became more frequent and severe. After birth of second child noticed a lump in right side, which has disappeared and recurred several times. On admission, hydronephrosis of movable kidney diagnosed. No operation.

2. Female, *æt.* 36. Married. Has had 2 children, last born 6 years ago, since which time has had pain and swelling in right side. Present swelling noticed only three weeks, with increased pain. Right kidney much enlarged, slightly tender, and movable. Urine thick with urates. Tumour became much smaller, and ceased to fluctuate, still freely movable.

*Nephralgia*.—Males 3, female 1. R. 3, U. 1. Lumbar exploration of kidney 3; previous nephro-lithotomy in other case.

1. Male, *æt.* 42. Hæmaturia 1 week, with passage of clots. No previous history of urinary trouble. Violent renal colic, increasing in intensity. Urine contained much uniformly mixed blood and some clots. Right lumbar exploration 5th day after admission. Kidney enlarged; needled, no calculus. Ureter opened posteriorly; blood-clot found in, and obstructing, it; clot removed and bullet probe passed 5 inches down ureter. Urine free from blood on 3rd day, no further pain or hæmaturia before discharge.

2. Male, *æt.* 64. Transferred from Medical side. History of right renal colic and hæmaturia for 8 months at intervals, with increased frequency of micturition. Much blood in urine, kidneys not enlarged, bladder sounded with negative result. Lumbar exploration of kidney; found to be enlarged, hard, and lobulated; no calculus. No further pain, a trace of blood on discharge. Readmitted with renewed hæmaturia later, supra-pubic cystotomy done, nothing found.

3. Female, *æt.* 34. Periodic attacks of renal colic for last three years, intensified lately. Firm right kidney easily felt; urine normal. Lumbar exploration; kidney found uniformly enlarged, but of normal consistence. Pelvis not opened, no needling done. Dull aching pain continued till discharge. No blood in urine.

*Calculus—Renal*.—Female, *æt.* 24. Married. History of syphilis. Has had 4 children, all dying shortly after birth. Pain in right lumbar region as long as can be remembered except during pregnancy, worse after confinements. Legs swell at times. Lump formed 2 years ago in right lumbar region, and burst in 13 weeks, matter appearing in the urine, which has been thick ever since. Another lump began to form 3 months ago. Tender tumour size of large orange in right lumbar region; urine contains blood and much pus; tumour varies in size. Lumbar exploration. Kidney formed a large multilocular cyst, containing offensive pus; several calculi loose in the calyces, not impacted in pelvis. Nephrectomy, ureter invaginated, vessels tied *en masse*. Drainage-tube used. Recovery uninterrupted.

*Vesical*.—Males 2. C. 1, D. 1. Supra-pubic lithotomy in both.

Male, æt. 7. Pain for 3 weeks, blood in urine noticed once, 6 months ago. Sounded, and stone detected. Supra-pubic lithotomy, peritoneum not seen. Stone smooth and oval, consisted of nucleus of oxalate of lime, surrounded by a layer of uric acid, and outside this a thick granular layer of urates and phosphates. Bladder sutured with 6 silk sutures. Did well.

*Fatal case.*—Male, æt. 3. Transferred from Medical side. Wasting 2 years, prolapse of rectum 4 months. Emaciation extreme, calculus detected on sounding bladder. Supra-pubic cystotomy, conical stone 1 inch by  $\frac{1}{2}$  inch removed. Drainage-tube inserted in bladder. Did well for some time, gaining in weight, but double otitis media with right facial paralysis supervened, with signs of general tuberculosis, and child gradually sank, dying 205 days after operation. P.M.—Miliary tubercles at apices of both lungs; large caseous mass in right lower lobe. Tubercular affection of large and small intestine, mesenteric glands, and spleen. Some erosion posterior wall of bladder, with some doubtful tubercles on floor. Four small phosphatic calculi in bladder. Left ureter, pelvis, and calyces dilated, with a phosphatic calculus impacted in ureter. Suppurative foci in cortex, and some yellow tubercles. Right kidney similarly diseased, in less advanced stage.

*Urethral.*—Males 3. C. 1. R. 2. One case admitted twice.

1. Male, æt. 22. Pain in left groin for one year, with one attack of hæmaturia at its commencement. No definite attack of "colic." Six weeks ago, while micturating, sudden diminution in size of stream, with pain at end of penis and dribbling of urine. Has not passed a full stream since, micturition causing pain. Hard lump at junction of penis and scrotum appeared five weeks ago, and has since increased in size. Complete retention for few hours five days ago. Lump in urethra being immovable either way, was cut down on. Two faceted stones, about  $\frac{1}{4}$  inch across and roughly cubical, removed by scoop. Another stone was felt in bladder and removed by median incision, this being 1 inch in length. Urethra sutured, bladder drained. Had several attacks of high temperature, the first 16 days after operation. Nothing found to account for these. Otherwise did well.

2. Male, æt. 19. Sudden loss of control with dribbling of urine 4 months, accompanied by cutting pain on micturition. Retention day before admission. Calculus struck by catheter in bulbous urethra, another felt *per rectum* nearer the bladder. Calculus removed from urethra by median incision. Large number very soft phosphatic calculi found in bladder. Drained and irrigated. Urine continued ammoniacal in spite of treatment, and calculus felt in prostatic urethra before discharge, with phosphatic crusts in bladder. Sent out to recruit, fistula being still open. Readmitted 2 weeks later. Supra-pubic lithotomy done, large phosphatic calculus removed from prostatic urethra. Drained. Sounded before discharge, no further stone felt, but considerable incontinence, and fistula still open.

*Hydrocele.*—Males 12. C. 9, R. 2, U. 1.

*Of cord.*—3; circumcision and tapping 1; radical cure, with suture of pillars of external ring 1; no treatment 1.

*Of tunica vaginalis.*—9; congenital 2, one of which also had undescended



testis. Injected with glycerine of carbolic acid 3; tapping 1; antiseptic incision and suture of sac to skin 2; operation for undescended testis 1; circumcision 1. Two cases of hæmatocele also admitted.

*Tubercle of testis.*—Males 7. C. 3, R. 2, U. 2.

Family history of tubercle 4; epididymitis 2, epididymitis and orchitis 5, vas deferens affected 6, vesiculæ seminales 2; marked hydrocele 1; scrotal sinuses 5; apical phthisis 1; caries of spine 1; suppurating bubo 1. Castration 5; no treatment 2.

## LOCOMOTOR SYSTEM.

### *Tubercular arthritis.*

*Shoulder.*—Males 3. C. 1, R. 2. Previous "white swelling" of knee in 2 cases. Left 2; right 1. Scapula affected 1. Scarlet fever 1. Large mass of tubercular granulations under subscapularis in 1 case, probably due to concurrent affection of the bursa.

*Treatment.*—Excision 2; exploration and drainage 1.

*Elbow.*—Males 6, females 5. C. 5, R. 4, D. 2. Right 7; left 4. Family history of tubercle 2; senile tuberculosis 1; tubercular glands 2; hæmoptysis 2; multiple tubercular lesions 2.

*Treatment.*—Excision 6, followed by amputation in 2; re-excision 2; amputation of arm 3, following excision in 2; arthrectomy 1; plaster-of-Paris splint 1.

### *Fatal cases.*

1. Male, æt. 18. No family history of tubercle. Tenderness of left elbow, followed by swelling, noticed 3 months. Giddiness, headache, and sickness increasing in severity, previous to this. Admitted with tubercular elbow, and large fluctuating swelling of left thigh. Cerebration imperfect; vertigo, gait tottering. Slight nystagmus, weakness of left external rectus and doubtful optic neuritis. Speech blurred and hesitating. Death on 16th day; no treatment adopted for elbow. P.M.—Numerous tubercles in the pia mater; caseous tubercular mass in left centrum ovale majus, and a similar mass in central lobe of cerebellum. Grey tubercles scattered through both lungs. Tuberculosis of mesentery, liver, spleen, and kidneys.

2. Male, æt. 15. Previously in hospital for multiple tubercular abscesses. Readmitted with numerous fresh tubercular lesions, and tubercular arthritis of right elbow-joint. Excision of elbow, followed in few days by circular amputation of arm. Fresh lesions followed, symptoms of tubercular meningitis set in, and death occurred on 221st day. P.M.—Tubercular disease of left ankle and astragalus; recent tubercle at apex of left lung. Lardaceous disease of liver, spleen, and kidneys.

*Wrist and intercarpal joints.*—Males 4, female 1. C. 4, R. 1. One case admitted twice; right 2, left 3. Family history of tubercle 2, history of trauma 4; sinuses present in 3; partial ankylosis 2; tubercular dorsal abscess 1.

*Treatment.*—Scraping 2; incision 1; Lister's excision 1; amputation at wrist-joint 1.

*Hip.*—Males 27, females 17. C. 3, R. 35, U. 4, D. 2. Right 20, left 22, double 2. Family history of tubercle 13, history of trauma 13.

*Duration.*—Under 1 month 4; under 2 months 3; under 3 months 5; under 6 months 6; under 1 year 3; under 2 years 9; under 5 years 8; over 5 years 6.

Sinuses existing on admission 6; pathological dislocation 6; recurrent 1; necrosis of sacrum 1; caries of spine 2; tubercular glands 2; fistula in ano 1; ankylosis 1; stricture 1; rickets 2; erysipelas arose in hospital twice in 1 case.

*Treatment.*—Long outside and extension 4; extension 4; incision of abscess 12; excision of hip 9; re-excision 1; arthrectomy 1; osteotomy neck of femur for ankylosis 1; tenotomy adductor longus and biceps 1; refused treatment 1. Discharged in double Thomas 23; single Thomas 11; with patten and boot 2. Pelvic and lumbar abscesses also incised in 1 case.

*Fatal cases.*

1. Female, æt. 10 months. Knee noticed to be drawn up 2 weeks ago. Swelling over right hip first noticed 2 days ago. Right thigh kept constantly flexed. Large abscess over outer side of hip and extending on to dorsum ilii incised, and extension applied. Child rickety, liver much enlarged. Gradually sank, and died on 12th day. P.M. refused.

2. Male, æt. 11 months. Swelling over left hip first noticed 2 weeks ago. Admitted with rigidity of hip, considerable fulness, and deep fluctuation. Incised night of admission, pus found under gluteal muscles. Meningitis supervened, no optic neuritis. Punctiform hæmorrhages appeared over trunk, with numerous scattered crepitations in lungs. Death on 14th day. P.M.—Tubercular disease of hip-joint, acetabulum bare and carious. Thrombosis of superior longitudinal and lateral sinuses. General, but not tubercular, meningitis. Collapse of lungs; some recent hæmorrhages in spleen.

*Knee.*—Males 16, females 8. C. 14, R. 10. Right 14, left 9, double 1. Family history of tubercle 8; history of trauma 6; previous rheumatism 2.

*Duration.*—Under 6 months 8; under 1 year 6; under 2 years 3; under 4 years 3; over 4 years 4. One case admitted twice, merely incised during first residence, subsequently incision followed by amputation. Nodular tuberculosis 1; previous bursal tuberculosis 1; tubercular osteitis of radius 1; large tubercular granulation mass outside, but in connection with, knee-joint 1; glands of neck 2.

*Treatment.*—Plaster-of-Paris splint 6; incised and drained 1; partial arthrectomy 5; complete arthrectomy 2; excision 9, double in one case, followed by amputation in 1; amputation of thigh 4, following excision 1; subsequent removal of patella after previous excision 1.

*Ankle.*—Males 5, female 1. C. 3, R. 3. Right 1, left 5. One case admitted three times, partial arthrectomy twice, followed by Syme's amputation during third stay. Tarsal joints also diseased 2; tarsal and metatarsal 1; multiple tubercular lesions with previous amputation of opposite thigh 1.

*Treatment.*—Partial arthrectomy 2, twice in one case, followed by Syme's amputation (see above); arthrectomy 1, followed by Syme; excision of ankle-

joint and astragalus 1; Pirogoff's amputation 1; Syme's amputation 2, following arthrectomy in both cases.

*Tarsus*.—Males 5, females 3. C. 2, R. 5, D. 1. Right 4, left 4. Same case admitted twice 1. Family history of tubercle 3; sinuses present on admission 4.

*Treatment*.—Plaster-of-Paris splint 1; scraping 1; excision of tarsus 2, twice in one case; Syme's amputation 3; amputation lower third of leg 1.

*Fatal case*.—Male, æt. 1 year. History of phthisis in mother's family. Swelling of foot noticed 4 months. Great swelling of right foot, with 3 sinuses on inner side, all leading to carious tarsal bones; ankle-joint free. General condition bad; foot fixed in plaster of Paris; sank in 15 days. P.M.—Ankle-joint healthy but rest of tarsus extensively diseased. One caseating nodule middle lobe of right lung; other organs healthy; emaciation extreme.

*Other fatal cases.*

1. Female, æt. 40. Strong family history of phthisis. Knocked the elbow 7 years ago causing swelling, which was lanced, letting out a little pus. Pain continued, with very little use in the arm, till it was again injured 3 months ago. It was again lanced, and a considerable quantity of pus let out. The left elbow is much swollen, œdematous and hot; movement slight, accompanied by grating; a sinus discharging thin pus leads down to bare bone on external condyle of humerus. Elbow excised, the bone ends being found bare of cartilage, but covered by a thin layer of hard bone. There was no caries, and the joint had the characters of a pyæmic one. Temperature slightly raised after operation, with some suppuration of excised joint. On 10th day after operation temperature rapidly rose to  $106\cdot4^{\circ}$ , with laboured respiration, and moist crepitations over back of both lungs; rapidly sank. P.M.—Recent pleurisy, and two hæmorrhagic infarcts in right lung. Kidneys congested. No sign of tubercle.

2. Female, æt. 34. Six weeks' history of general malaise, with pains in back and head; admitted on Medical side. Liver and spleen both enlarged; soft systolic murmur at left base. Left leg swollen and œdematous, with fluid in the knee-joint, which is very painful on movement. A large abscess formed in left calf, and another over left buttock, which were freely opened. Knee-joint rapidly became disorganised, with grating and lateral movement. Albumen in the urine. Temperature continued irregularly high, and patient lost ground rapidly. Thigh amputated in middle third, did not rally from the shock, and died the same night. On examination after removal, the knee-joint was quite disorganised, with destruction of cartilages, contained pus, and communicated with the abscess cavity in the calf. P.M.—Lungs, lower lobes œdematous, otherwise normal. Numerous firm vegetations along the flaps of the mitral valve; some atheroma of aorta. Kidneys apparently healthy. Old infarcts in spleen. Liver healthy, gall-bladder full of black faceted stones, one of which was impacted in the duct.

## SUMMARY OF INJURIES.

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### GENERAL INJURIES.

*Burns.*—Males 32, females 22. C. 29, R. 3, D. 22.

*Situation.*—General 9; face 5; face and neck 4; face and arm 14; face, chest, and leg 1; head and trunk 1; trunk and upper extremity 10; trunk and lower extremity 1; upper extremity 5; lower extremity 2; upper and lower extremities 2.

*Causes.*—Ignited clothing 31; falling into fire 13 (of which 4 were epileptic); lamp and paraffin accidents 6; gas explosion 2; gunpowder explosion 1; furnace wall 1.

*Treatment.*—Primary, hot boracic bath 11; hot lotions 19; ointments 24. Subsequent skin grafting 5.

*Complications.*—Measles 1; chicken-pox 2; epileptic fits 3; meningitis 1 (on 39th day).

*Fatal.*—Males 11, females 11; within 48 hours 18, æt. 10 months, 1 (2), 2 (3), 3 (3), 4 (2), 5, 6, 9, 11, 26, 87, and 89; at subsequent periods 4, æt. 1, 2, and 3 (2), one of these of meningitis.

*Scalds.*—Males 33, females 27. C. 51, R. 2, D. 7.

*Situation.*—General 2; face 4; face and neck 6; neck 1; mouth and tongue 1; larynx 4; face and arm 1; face and leg 1; face and trunk 6; trunk and arm 5; trunk and leg 3; trunk 6; upper extremity 2; lower extremity 15; upper and lower extremity 3.

*Causes.*—Boiling water 43; drinking from kettle spout 5; boiling beer 1; boiling tea 6; boiling fat 2; boiling borax 1; hot stew 1; hot gruel 1.

*Treatment.*—Primary, hot boracic bath 9; hot lotions 27; ointments 19; tent and steam-kettle 2; intubation of larynx 2; intubation and tracheotomy 1. Subsequent skin grafting 3.

*Complications.*—Edema of glottis 3; scarlet fever 2; measles 1; epileptic fits 1; vomiting 2.

*Fatal.*—Males 4, females 3; within 48 hours 1, æt. 4 (scald of larynx, intubation followed by tracheotomy); at subsequent periods 6, æt. 1 (2), 2, 3, 25, and 48.

*Note.*—No P.M. made on any burns or scalds.



## LOCAL INJURIES.

*Scalp wounds.*—Males 18, females 7. C. 23, D. 2. Bone exposed 7; severe hæmorrhage 5; wound of artery 2; bleeding from ear 1.

*Complications.*—Old depression of skull 1; Colles' fracture 1; stabs of neck and arm 1; erysipelas 1; epilepsy 1; delirium tremens 1; tonsillitis 1.

*Fatal cases.*

1. Male, æt. 31. Scalp wound of parietal region, shivering and vomiting on admission, temperature 96°; next day general epileptic fits, restless delirium and hallucinations, passing into comatose condition on 2nd day; rapid rise of temperature to 108·2° before death, which occurred 60 hours after accident. P.M.—No fracture of skull; brain watery, otherwise normal; extensive recent hæmorrhages in lower lobe of both lungs; liver fatty.

2. Female, æt. 73. Large dirty scalp wound cleansed under anæsthetic; erysipelas on 2nd day with delirium, died same evening. P.M.—Lungs much congested; kidneys granular; hypertrophy and dilatation of left ventricle.

*Concussion.*—Males 68, females 13. C. 80, D. 1. Cerebral irritation 2; optic neuritis 2; conjugate deviation of eyes 1; strabismus 3; hæmorrhage from nose and ear 2, ear 4, nose 3; vomiting of blood 2; retention of urine 3; incontinence 1; epilepsy 1; delirium tremens 1.

*Other injuries.*—Scalp wounds 17; hæmatoma of scalp 3; rupture of membrana tympani 1; fracture of lower jaw 1; fracture of nasal bones 1; contusion of thigh 1.

*Fatal case.*—Male, æt. 47. Unconscious 15 hours before admission, following a fall down 6 steps on to his head while drunk; dried blood in left auditory meatus and about nostrils; pupils sluggish and unequal; urine contained albumen one eighth. Restless during the night, comatose in the morning with face cyanosed, breathing stertorous, and retention of urine; died in the evening. Arteries rigid and tortuous. No P.M.

*Fractures of the skull.*—*Vault.*—

*Simple.*—Males 3, females 2. C. 3, D. 2.

Male, æt. 5. Profoundly unconscious, having fallen from a coster's barrow half an hour before admission; there had been no interval of consciousness. Much blood extravasated over right parietal and temporal regions, with convulsive twitchings commencing at left ala nasi and side of mouth and spreading to left arm and leg, with head turned to the left. Right arm and leg afterwards affected to less degree. Operation 1 hour after admission; fissured fracture found running downwards and forwards, with hæmorrhage from anterior branch of middle meningeal. The vessel ligatured with silk above and below by a needle passed under it through the dura mater. Recovery uninterrupted.

*Fatal cases.*

1. Female, æt. 49. Fall downstairs 12 hours before admission; became unconscious with stertorous breathing 4 hours before admission; scalp wound in



occipital region, no fracture detected; limbs rigid, no localising signs; death on 3rd day, temperature  $106^{\circ}2'$ . P.M.—Clean linear fracture from lambda to right of foramen magnum; pia-matral hæmorrhage over left frontal lobe, and cerebral laceration on both surfaces by contre-coup.

2. Female, æt. 11 months. Fall from top storey; large hæmatomata of scalp convulsive movements of both arms and legs; died same day. P.M.—Fracture ran from anterior fontanelle through roof of right orbit, and a second one ran outwards into left squamous bone; cortex of brain much contused.

*Compound.*—Males 3. C. 3.

1. Æt. 8. Linear fracture of occipital bone; slight concussion.

2. Æt. 32. Bullet wound of right frontal sinus from small saloon rifle; sinus explored on day of admission, and bullet found lying in it embedded in blood-clot. Inferior and posterior walls of sinus broken, but dura mater uninjured.

3. Æt. 15. Linear fracture of frontal bone, concussion and vomiting, the vomit containing much blood.

*Compound depressed.*—Males 5. C. 3, D. 2.

1. Æt. 22. Oval depressed groove in skull extending above right frontal sinus; no fissure found, and not interfered with; no further symptoms.

2. Æt. 17. Punctured fracture of frontal bone; trephined on day of admission, dura mater uninjured; disc of bone removed embedded in thigh during operation, and replaced, uniting in position.

3. Æt. 14. Nearly circular fracture of left parietal bone, dura mater wounded and cortex protruding; the bone elevated, several large pieces of the inner table found embedded deeply in the cortex and removed; drainage used, recovery uninterrupted.

*Fatal cases.*

1. Æt. 16 months. Small puncture of vault above and behind left ear; injury 3 days before admission; admitted with discharge of clear yellowish fluid from wound. Trephined, small piece of bone found embedded in brain in direction of lateral ventricle and removed. Discharge of cerebro-spinal fluid at operation this continued constantly afterwards; temperature rose on 9th day, retraction of head and strabismus noticed on 10th day. Death with convulsions on 12th day after operation, with temperature  $104^{\circ}$ . P.M.—Brain softened beneath fracture, acute meningitis of membranes of brain and cord, with some pus at lower end of spinal canal.

2. Æt. 6. Run over by tramcar, immediately unconscious, bleeding from nose, mouth, and left ear; scalp wound, at bottom of which depressed fracture felt, 2 inches behind left ear. Trephined, several fragments removed, some of which were grooved for the lateral sinus; small hole seen in dura mater; bleeding severe from below, thought to be from a wound in the lateral sinus. Fracture of right tibia. Convulsive twitchings next day, especially of right arm. Death on 2nd day, temperature reaching  $105^{\circ}4'$ . P.M.—On each side a fracture ran from sphenoidal fissure to roof of tympanum; no more depressed bone found, and the lateral sinus was uninjured.

*Compound comminuted.*—Male 1. D. 1.

Æt. 2. Fall from second storey; very extensive depressed fracture in left parietal region, with much laceration of dura mater and injury to brain substance.

Depressed portions raised and jagged edges removed; troublesome hæmorrhage from a cerebral branch, necessitating light plug of gauze. Temperature rose to  $105\cdot4^{\circ}$ , and death the same night. P.M.—Fracture extended diagonally across left parietal bone, with numerous side fissures; large portion of hemisphere contused into pulp; other organs healthy.

*Base of skull.*—Males 12, females 3. C. 9, R. 2, D. 4. Involving anterior fossa 1, anterior and middle fossæ 6, middle fossa 6, posterior fossa 2; hæmorrhage from right ear 4, left ear 6, nose 7; vomiting of blood 3; subconjunctival ecchymosis 4; ecchymosis behind mastoid 3; discharge of clear fluid from ear 2; optic neuritis 2; paralysis of 3rd nerve 1, 4th nerve 1, 6th nerve 2, 7th nerve 2, infra-orbital nerve 1; cerebral irritation 1; retention of urine 1.

*Complications.*—Fracture of lower jaw 2, of clavicle 1, of humerus 1, of ribs 3; dislocation of radius and ulna 1; subcutaneous emphysema 2; scalp wounds 3.

Male, æt. 38. Fracture of anterior and middle fossæ from fall down two steps; unconscious for 10 minutes, not so on admission or afterwards; vomiting of several pints of dark blood; discharge of clear fluid with some blood from right ear, lasting 24 hours; partial anaesthesia over area supplied by right infra-orbital nerve, and paresis of right facial nerve; a drachm of clear fluid came from the nose while straining on day after admission. Commencing diplopia on 5th day, and rapid increase of ocular paralyses by 7th day, the external rectus and superior oblique muscles being nearly entirely paralysed, and right pupil larger than the left. On 8th day temperature rose to  $106\cdot4^{\circ}$ , with severe headache; Leiter's tubes applied. Temperature became normal on 17th day, but there were several subsequent rises, and the tubes were reapplied. Discharged on 51st day; ocular paralysis now very slight, and infra-orbital nerve nearly recovered, but absolute deafness of right ear. Readmitted in 9 days with temperature  $103\cdot4^{\circ}$ ; recovery.

#### *Fatal cases.*

1. Male, æt. 10. Fall from a tree 17 feet; admitted unconscious, some dry blood about nostrils, occasional clonic movements of right arm. Separation of lower epiphysis of left humerus. Left facial paralysis observed next day. Lived 23 hours, temperature reaching  $104\cdot8^{\circ}$ . P.M.—Linear fracture running from above left zygoma to sella turcica. Brain contused, with numerous punctiform hæmorrhages about left parietal and right occipital lobes. Rupture of left kidney and spleen.

2. Male, æt. 54. Knocked down by a railway engine; semi-conscious on admission, bleeding from nose and both ears. Became restless during night, then profoundly unconscious, and died in 18 hours. P.M.—Extensive hæmatoma over occiput. Linear fracture from above torcula Herophili to left petrous bone, and left tympanum full of blood. Scale of bone detached from right orbital plate. Brain much contused, especially right frontal and left cerebellar lobes. Fracture of 5 ribs on right side.

3. Male, æt. 15. Admitted semi-conscious, with occasional convulsive movements and bleeding from nose and mouth, with vomiting of blood; extensive surgical emphysema at root of neck. Death in 1 hour. P.M.—Fracture extended from vertex (parietal bone) across left orbital roof. Brain much contused, espe-

cially left parietal lobe and cerebellum, with punctiform hæmorrhages. Six right ribs broken and lung extensively lacerated.

4. Male, æt. 48. Unconscious on admission, bleeding from left ear. Temperature, subnormal on admission, gradually rose to  $105\cdot4^{\circ}$  before death, which occurred in 24 hours. P.M.—Linear fracture ran from above level of left zygoma across middle fossa almost to the mid-line. The dura mater was here separated from the bone by a large blood-clot. Brain much contused, the right frontal lobe being quite disorganised, with blood-stained fluid in the lateral ventricles.

*Base and vault.*—Males 2. C. 1, D. 1.

Male, æt. 7. Fall from a cart; admitted unconscious, bleeding from nose and mouth, with much vomiting of blood. Extensive subconjunctival ecchymoses. There was also a depressed fracture above right orbit, edges smoothly indented. Recovery.

*Fatal case.*—Male, æt. 39. Thrown from a cart. Profoundly unconscious on admission, with involuntary evacuations from bladder and rectum. Temperature  $96^{\circ}$  on admission. Death in 24 hours. P.M.—Fracture extended from right side of lambda to right side of middle fossa, with hæmorrhage into pia mater over right half of cerebrum, and cerebral laceration beneath this.

*Zygoma.*—Male, æt. 4. Run over by cart, semi-conscious on admission; profuse arterial hæmorrhage from right ear and from nose; right membrana tympani completely ruptured, and air escaping from meatus. Soon regained consciousness, but temperature rose to  $104^{\circ}$  and death occurred on 3rd day. P.M.—Splintering fracture of right zygoma at temporal end, no fracture of base or vault. No hæmorrhage on either side of dura mater, or coarse injury of brain.

## INJURIES OF CHEST, ABDOMEN, SPINE, AND PELVIS.

*Chest.—Injuries implicating lung.*—Males 2, female 1. D. 3.

1. Male, æt. 30. Crushed by an engine buffer. Shock profound; small quantity of arterial blood running from mouth. P.M.—2nd, 3rd, and 5th ribs fractured on left side; left pleura full of blood, with rupture of left lung and much effusion of blood into its substance. Separation of pubic symphysis; much subperitoneal extravasation about bladder and rectum. Fracture-dislocation of right ulna at elbow-joint.

2. Male, æt. 6. Run over by heavy van. Shock extreme, with vomiting of blood, and death in  $1\frac{1}{2}$  hours. P.M.—No fracture of ribs; liquid blood in both pleuræ; extensive laceration of both lungs with hæmorrhage into their substance; no abdominal injury.

3. Female, æt. 16. Admitted with numerous stabs of neck, chest, and arms, inflicted by a sharp knife. Blanched and cold, with hæmorrhage still proceeding. Six pints of saline solution infused into median basilic vein. Air came from lower wounds in chest. Signs of local peritonitis next day. Pneumonia developed on 3rd day, temperature  $104\cdot2^{\circ}$ . On 11th day a rib resected for traumatic

empyema of left pleura, and 2 pints of offensive pus evacuated. Rigor on 16th day, and death on the 21st. P.M.—Body anæmic; punctured wounds of pleura, lung, spleen, and stomach; pneumonia and empyema on left side; wound of stomach at greater cul-de-sac, localised peritonitis.

*Fracture of sternum.*—See under *Compound fractures of tibia and fibula* for fatal case.

*Fracture of ribs.*—Males 10, female 1. C. 9, D. 2.

*Complications.*—Fracture of clavicle 3; upward dislocation of sternal end of clavicle 1; scalp wound 1; contusion of abdomen 1; of pelvis 1; subcutaneous emphysema 3; bronchitis 2. The first rib was fractured in 1 case, together with the 2nd rib and clavicle.

*Fatal cases.*

1. Male, æt. 65. Buffer accident. Never recovered from the shock, and died on 3rd day. P.M.—Fracture of 1st to 5th ribs on right side, and 1st to 10th ribs in two places on left side. Left parietal pleura wounded and contained a pint of fluid blood; lungs uninjured. Gaping rupture of spleen on convex surface, with over a pint of fluid blood in the peritoneal cavity.

2. Male, æt. 35. Run over. Admitted with fracture of 6 ribs on the right side and 5 on the left, with transverse fracture of right scapula, and blood in the pleuræ. Developed pneumonia, and died on 19th day. P.M.—Two pints of fluid blood in each pleura, both of which were lacerated; lungs uninjured but collapsed; other injuries as stated above.

*Fractures of the spine.*—Males 4, female 1. R. 2, D. 3.

1. Male, æt. 48. Fall 10 feet, his back landing on a brick. A fractured spinous process felt in mid-dorsal region. Complete paralysis of both lower extremities, and absence of knee-jerk, anæsthesia with hyperæsthetic zone, priapism, and retention. Operation next day; 7th dorsal spine found broken and removed, also fracture of laminae of next vertebra, which were removed with its spine. Theca flattened but uninjured. Plaster jacket for first week, then removed. The priapism subsided, and the retention followed by incontinence and cystitis. Bedsores developed over trochanter and sacrum. Discharged on 87th day; bedsores healed, no cystitis, no return of power or knee-jerk in lower extremities, which were much wasted.

2. Male, æt. 49. Thrown from a cab. Depression in position of 3rd and 4th cervical spines. Complete paralysis below this, and breathing purely diaphragmatic, but the intercostals began to act in a few hours. Knee-jerks brisk, incontinence of urine, but only temporary. Subsequent temporary paralysis of diaphragm. Bedsores ensued, but healed. Discharged on 120th day; legs wasted but voluntary movement good; knee-jerks brisk, with patellar clonus. Arms greatly wasted, with limited power of voluntary movement. Marked shortening of muscles with nutritive lesions of joints and skin.

*Fatal cases.*

1. Female, æt. 36. Fall downstairs, with head doubled up on to chest. Pregnancy 8 months advanced. Phrenic nerves acting, but loss of sensation and motion absolute below level of 4th cervical nerve. Complete abolition of knee-jerk. Temperature below 95°. Diaphragm hampered by the pregnant uterus. Death in 10 hours; the uterus opened immediately after death, and early 8-month twins delivered, the first of which lived  $\frac{3}{4}$  hour. P.M.—Symmetrical



fracture of 3rd cervical vertebra just in front of articular processes, and separation of the 4th; central hæmorrhagic softening of the cord.

2. Male, æt. 49. Fall on to head from a cart. Death on admission to ward. P.M.—Fracture-dislocation of cervical spine, between 5th and 6th cervical vertebrae. Dura mater intact, but the cord crushed, with hæmorrhages into its substance. No other injuries.

3. Male, æt. 54. Machinery accident. Patient conscious on admission, and was able to localise pain. Complete motor and sensory paralysis of both lower extremities, with absence of reflexes. Temperature 95°. Considerable subcutaneous emphysema. P.M.—Fracture of sternum at level of 4th costal cartilage. Fracture of upper 5 ribs on left, and of upper 3 on right side. Pleuræ wounded, with fluid blood in both. Fracture-dislocation of spine between 12th dorsal and 1st lumbar vertebrae. Dura mater uninjured but cord damaged. Effusion of blood round left kidney.

*Rupture of intestine.*—Males 2. D. 2.

1. Male, æt. 64. Struck in abdomen by a box. Shock but slight, abdomen rigid and knees kept flexed, with slight vomiting. No other symptoms for 24 hours, then rapidly became collapsed, and death in 30 hours. P.M.—Small linear tear of small intestine 16 inches from pylorus, with intense purulent peritonitis. Lacerated wound of omentum with some hæmorrhage; other organs normal.

2. Male, æt. 24. Kicked in abdomen by a horse. Very collapsed on admission. Large median bruise of abdominal wall below umbilicus. Abdomen distended, rigid, tender, and not moving on respiration; dull all over except just below ensiform cartilage and in left flank. Urine drawn off by catheter, clear, and passed with fair force. Commenced vomiting soon after admission, the vomit consisting of undigested food. Laparotomy 6 hours after admission. Blood extravasated in abdominal wall, with much blood in peritoneal cavity. A rent was first found in the mesentery which was bleeding freely. This being secured, the small intestine was found completely and cleanly transversely ruptured near this point, with a second similar rupture 3 inches away. The intestine being bruised on each side of these ruptures, about 3 inches were excised from each end, together with the intervening portion and a wedge-shaped piece of mesentery. A third transverse rupture, which, however, was not quite complete, was now discovered about 1 foot from the previous ones. This was closed by means of Senn's plates, the intestines being placed end to end and a ring of Lembert's sutures also used. The two other pieces of intestine were now brought together by lateral anastomosis with the help of Senn's plates, the open ends being invaginated. A ring of silk sutures to strengthen the union was also used here. The abdomen having been irrigated with warm boracic, a Keith's drainage-tube was inserted well down into the pelvis and the incision closed. During the operation, which lasted over 2½ hours, 5 pints of saline solution were infused into the median basilic vein. Portion of intestine removed measured 13 inches. Progress satisfactory till 5th day, except for frequent vomiting of acid bile-stained fluid in small quantities, the vomit being ejected very easily without straining. Wound healed entirely, the tube being removed on 2nd day; no sign of peritonitis. Was suddenly seized with intense abdominal pain on 5th day, with collapse and vomiting, and tenderness in left iliac region. Abdomen



reopened. A small opening found in the position of a suture hole at the lateral anastomosis; this was closed by eight Lembert's sutures. At the other junction several sutures had sloughed out, and around were patches of flaky lymph. An artificial anus was made here, in the right semilunar line. Patient never rallied, and died the next morning. P.M.—Recent peritonitis, most intense below left costal cartilages. Artificial anus was situated 20 inches from pylorus. The lateral anastomosis was situated 30 inches from pylorus. A small perforation existed at the site of one of the sutures. The edges of the invaginated upper end were much softened and congested, and the mucous membrane was beginning to slough. No traces of the bone plates were found. No intestinal contents extravasated in peritoneal cavity. Old adhesions in both pleuræ and upper part of peritoneal cavity. Recent hæmorrhages in lower lobes of both lungs.

*Rupture of liver.*—Male, æt. 7. Run over. Collapsed on admission, with tenderness in upper part of abdomen. Distension commenced next day, and continued to increase. Liver dulness displaced upwards to extent of two spaces, no dulness in flanks at any time. Laparotomy on 2nd day, setting free much dark fluid blood. Several ruptures felt in liver. Death immediately after operation. P.M.—Both surfaces of right lobe of liver extensively lacerated, with hæmorrhage into its substance. No other injury.

See also under *Compound fractures of tibia and fibula* for another fatal case.

*Rupture of spleen.*—Male, æt. 40. Fall through skylight, 15 feet. Fracture of left radius and left 10th rib, with considerable shock. In a few hours became blanched and cold, with increasing dulness in flanks and loss of liver dulness. Doubtful left pneumothorax. The collapse was so great that infusion of 5 pints of saline solution was performed, with marked improvement, followed by laparotomy. Much fluid blood in abdomen, and a deep laceration of spleen felt. Ligature of splenic vessels attempted through a lateral incision, as the spleen could not be brought forwards, and a glass drainage-tube inserted. Four more pints of saline solution were infused during the operation. Rallied, but died on the 5th day with incessant vomiting and peritonitis. P.M.—Local examination only. Spleen extensively lacerated. The main splenic artery split into several branches, and the ligature had been applied to the lowest of these. No wound of diaphragm detected.

*Fractures of pelvis.*—Males 3, female 1. C. 4.

1. Female, æt. 16. Fracture both of left body and descending ramus of pubes and separation of sacro-iliac synchondrosis on same side. Cystitis. On discharge walked well without support.

2. Male, æt. 5. Fracture of right body of pubes and ascending ramus of ischium, with separation of left sacro-iliac synchondrosis. Hæmatoma of right groin, suppurated and was incised; fracture now compound, and could be felt by finger. Some necrosis of ischium. Discharged on 291st day walking without support.

3. Male, æt. 44. Fracture of right body of pubes and ascending ramus of ischium, with fracture of ilium near synchondrosis on same side. Did well.

4. Male, æt. 27. Fracture of right pubes and separation of sacro-iliac synchondrosis on same side. Discharged, walking well, on 60th day.

For another case (fatal) see under *Fractures of neck of femur*.

*Compound fracture of sacrum.*—Male, æt. 42. Collapsed, and death on 3rd

day. P.M.—Wound of perinæum and lacerated wound of rectum. Coccyx detached, and fracture of lower part of sacrum. No peritonitis; organs decomposed.

## INJURIES OF THE UPPER EXTREMITY.

### *Wounds.*

*Of arm.*—Males 2. C. 2. Division of brachial artery 2, of median nerve 1, of biceps and brachialis anticus 1; ligature of brachial artery 2, suture of median nerve 1.

*Of forearm.*—Males 11, females 2. C. 10, R. 2, D. 1. Division of ulnar artery 5, ulnar nerve 5, median nerve 3; division of tendons—palmaris long. 7, flex. carp. uln. 7, flex. subl. dig. 6, flex. prof. dig. 1; tetanus 1. Arteries ligatured and nerves and tendons sutured in all cases. Amputation of arm in fatal case.

*Fatal case.*—Male, æt. 22. Lacerated wounds of hand and forearm, due to machinery accident. Arm incised, and treated in a bath of Hyd. Perchlor. 1 in 6000. Extensive sloughing followed, with gangrenous patches and emphysematous crackling. Circular amputation of arm above middle on 13th day, tissues œdematous where cut. Trismus 5 days afterwards, shortly followed by typical severe tetanic spasms, which soon became general. Death on 20th day. P.M.—Flaps indurated and sloughy; medulla of humerus very dark; kidneys cystic; a few hæmorrhagic points in medulla oblongata; brain normal.

*Of hand.*—Males 14, females 2. C. 14, R. 2.

Gunshot wound 1; division of tendons—flex. long. poll. 1, flex. subl. dig. min. dig. 1, ext. min. dig. 1, ext. comm. dig. 2, ext. long. poll. 1. All tendons sutured; trimming amputations 5.

### *Dislocations.*

*Of clavicle.*—Males 2. C. 2. Both of sternal end; backwards 1, upwards 1 (see *Fractures of rib*).

*Of humerus.*—Males 5, females 3. C. 7, U. 1. Right 6, left 2; subcoracoid 5, subspinous 2, subclavicular 1; duration—recent 4, 1 week 1, 2 weeks 1, 5 weeks 1, 2 months 1; fracture of femur 1. The case unreduced was a subspinous dislocation of 5 weeks' standing.

*Of radius and ulna.*—Males 2. C. 1, R. 1.

1. Male, æt. 40. Compound dislocation backwards and outwards.

2. Male, æt. 6. Backward dislocation of 8 weeks' duration. Reduction being impossible, olecranon was divided and coronoid process removed; reduction then effected and olecranon wired. Movement very fair on discharge.

*Of radius.*—Female. Forward dislocation of 14 weeks' duration. Excision of head of radius, result good. Fracture of ulna at same time.

### *Fractures.*

*Of clavicle.*—Males 5, females 1. C. 6. Right 4, left 2; caused by direct violence 2, indirect 4; severe shock 1; concussion 1; subcutaneous emphysema 1; fracture of rib 1.

*Of humerus.*—*Simple.*—Males 8, females 3. C. 7, R. 2, D. 2. Right 7,

eft 3, double 1; caused by direct violence 2, indirect 9; of anatomical neck 1, surgical neck 4; separation of upper epiphysis 3, middle third 3, lower third 1; fracture of rib 1; concussion 2; rickets 1, hæmophilia 1.

Female, æt. 61. Fracture of anatomical neck of right humerus, due to falling on her shoulder with a baby in her arms. The head of the bone lay, articular surface outward, below the glenoid cavity; no impaction; lengthening  $\frac{1}{4}$ — $\frac{1}{2}$  inch. Head removed by operation, fracture found to be almost exactly along margin of articular cartilage, and the rent in capsule below the subscapularis. Cured.

*Fatal cases.*

1. Male, æt. 44. Died 3 hours after admission. P.M.—Comminuted fracture of humerus in upper third; Colles' fracture; right ribs 2—10 fractured; laceration of lung; much bruising of brain but no fracture of skull.

2. Male, æt. 12. Injury 4 weeks ago, followed by second one 1 week before admission, after which the arm rapidly swelled, and on admission the whole of the left shoulder was occupied by a large fluctuating swelling, and crepitus was felt. A fortnight afterwards the head of the humerus and 1 inch of diaphysis removed; hæmorrhage at operation troublesome. A large mass of granulations and blood-clot subsequently sprouted from the wound and spread over the side of the chest, bleeding readily; temperature was continuously high, and patient gradually sank. Family history of hæmophilia. P.M.—Arteries and organs healthy, but very pale. On microscopic examination the large mass consisted of imperfectly organised blood-clot.

*Compound.*—Males 5. C. 5. Right 3, left 2; caused by direct violence 3, indirect 2; comminuted 2; involving elbow-joint 1; compound fracture of ulna 1; rupture of brachial artery 1; amputation in upper third 1.

*Of radius and ulna.*—*Compound comminuted.*—Male 1. R. 1. Commminution considerable; delirium tremens and cellulitis; some delay in union; sinuses leading to bare bone on discharge.

*Of ulna.*—*Compound.*—Males 3, female 1. C. 4. R. 3, left 1; caused by direct violence 3, indirect 1; comminuted 1; of olecranon 2; wiring of olecranon 2.

*Of hand.*—*Compound.*—Males 3. C. 3. Right 2, left 1; of phalanges 2, of metacarpals 1; division of radial artery 1.

## INJURIES OF THE LOWER EXTREMITY.

*Contusions and wounds.*—Males 32, females 5. C. 35, R. 1, D. 1. Gunshot wounds 2.

*Rupture of popliteal artery and vein.*—Male, æt. 37. Run over by a waggon. Admitted with great swelling of inner and posterior parts of thigh, extending from popliteal space up nearly its whole length. Leg cold, no pulsation in either tibial artery. The swelling having increased was explored next day, and both popliteal artery and vein were found to be ruptured; they were cut through, and both ends of each ligatured. Gangrene ensued, necessitating amputation of thigh at junction of upper and middle thirds, the 3rd day after the previous operation. Extensive suppuration and some sloughing. Discharged cured on 53rd day.

*Rupture of popliteal artery.*—Male, æt. 45. Nine days before admission the left leg was crushed between a large block of stone and a tub. On admission the leg was much discoloured, swollen, and colder than its fellow. The leg was in a condition of moist gangrene, covered with large bullæ, and the cuticle largely separated. Slight indication of line of demarcation below knee. Femoral pulse good. Popliteal space explored, and found full of dark blood-clot, with complete rupture of popliteal artery just above joint level. Thigh amputated in middle third by long anterior and short posterior flap; muscles much disorganised. The stump suppurated with some necrosis of tissues. Discharged cured on 31st day.

*Fatal case.*—Male, æt. 4½. Run over. Large lacerated wound of leg, with extensive stripping of soft parts and severe shock. Placed in a bath of Hydrarg. Perchlor. Death on 2nd day, after infusion with 2 pints of normal saline solution a few hours before death, but the improvement was most temporary. P.M.—Organs healthy.

*Rupture of quadriceps tendon.*—Males 2. C. 1, D. 1.

*Fatal case.*—Male, æt. 63. Rupture of tendon close to upper border of patella. Uræmic coma gradually supervened, and death occurred on 8th day. P.M.—Complete rupture of tendon of quadriceps. Hypostatic pneumonia. Bladder and ureters much dilated; bladder hypertrophied, with marked atrophy of medullary portion of kidneys.

#### *Dislocations.*

*Of hip.*—Male, æt. 7. Dorsal dislocation of left hip, due to being knocked down while in kneeling position. Reduced by manipulation under chloroform.

*Of knee.*—Male, æt. 60. Struck by step of cab in motion. Tibia and fibula displaced outwards and backwards, with rupture of internal lateral and probably of crucial ligaments, and outward dislocation of patella. Replaced under anæsthetic; position good; discharged wearing leather splint.

*Of patella.*—Male 1, female 1. C. 2. One due to direct, and one to indirect violence. Both rotatory, the inner margin being fixed between the condyles. Difficulty of reduction in one case.

*Of ankle.*—Male 1, female 1. C. 2.

1. Male, æt. 18. Due to a twist. Inward dislocation, with oblique fracture of tibia and rupture of external lateral ligament.

2. Female, æt. 57. Slipped on orange peel and fell backwards. Backward dislocation, with fracture of fibula and rupture of internal lateral ligament. Reduced under anæsthetic.

*Of astragalus.*—Female, æt. 39. Fell down 3 steps. Dislocation forwards and outwards, the rest of the foot inverted. Partial reduction under anæsthetic. Delirium tremens.

*Fractures of femur.*—*Simple.*—Males 36, females 27. C. 60, R. 2, D. 1. Right 36, left 26, double 1; caused by direct violence 18, indirect 42, doubtful 3; situated in the upper third 13, middle third 36, lower third 14; re-fracture 1; involving knee-joint 2; greenstick fracture 3.

*Complications.*—Compound fracture of humerus 1; subspinous dislocation of humerus 1; effusion into knee-joint 2; stricture of urethra 2; cystitis 1; pertussis 1; delusional mania 1; delirium tremens 1; fits 1.



*Treatment.*—With long outside splint, extension, and plaster-of-Paris 32; long outside and plaster-of-Paris 10; plaster-of-Paris “breeches” 21 (in children); wiring of femur 1; pegging with ivory pegs 1. Union delayed in 4 cases: in a case of delusional mania 181 days; in a case of re-fracture, union weak on 75th day; in the 3rd case the femur was wired on 120th day, discharged cured on 292nd day; while the 4th case was a T-shaped fracture into knee-joint in which each condyle was separately pegged to femur. Union not firm on 80th day.

*Fatal case.*—Male, æt. 40. Admitted with fracture in lower third. Suffered from a stricture, had retention on 17th day, uræmic symptoms supervened on 22nd day, and death in coma on 23rd day. P.M.—Acute cystitis with considerable dilatation of bladder; no disease of kidneys. Atheroma of both middle cerebrals, but brain healthy.

*Compound.*—Males 2, female 1. C. 2, D. 1. Right 2, left 1; violence direct in all cases; situated in middle third 2, lower third 1; simple fracture of opposite tibia and fibula 1; union delayed in 1 case to 179th day.

*Fatal case.*—Female, æt. 64. Run over by heavy dray, causing compound fracture just below middle of shaft of right femur. Much collapsed, and never rallied from the shock, dying on 3rd day. P.M.—Double hypostatic pneumonia, with much atheroma of aorta.

*Compound comminuted.*—Males 2. D. 2.

1. Male, æt. 21. Run over by railway van. Admitted with compound comminuted fracture in middle third of right femur, compound fracture of right tibia and fibula, simple fracture of left femur, and simple fracture of left tibia and fibula. Tourniquet applied on admission, and the femoral vessels which were ruptured, tied shortly afterwards. Too collapsed for amputation, and death the same day. P.M.—Injuries as described; organs healthy.

2. Male, æt. 51. Fall 12 feet into a barge, striking his thigh on a supporting beam. Compound comminuted fracture of right femur in its lower fifth, and simple fracture of left femur in its lower third. Some loose bone removed and wound thoroughly irrigated and drained. Suppuration ensued, and on 6th day the thigh was amputated in middle third; death the following day. P.M.—Some emphysema of lungs.

*Neck of femur.*—Males 8, females 9. C. 7, R. 6, D. 4. Right 6, left 11; impacted 10, unimpacted 7; old fracture 1; shortening: under 1 inch 12, under 1½ inches 3, under 2 inches 2; facial erysipelas 1.

*Fatal cases.*

1. Female, æt. 50. Treated at first with long outside. Hypostatic pneumonia, and death on 103rd day. P.M.—Fracture of neck close to articular surface, head quite loose. Double broncho-pneumonia; kidneys granular.

2. Female, æt. 84. Impacted fracture of neck, no splint. Death in 11 days. No P.M.

3. Female, æt. 82. Lived 7 days. P.M.—Spiral fracture of neck, anterior two thirds of great trochanter being almost separated. Lungs emphysematous with broncho-pneumonia; chronic congestion of kidneys.

4. Male, æt. 62. Run over by a cab. Rupture of urethra, for which catheter passed. No fracture of pelvis detected. Delirium and death on 7th day. P.M.



—Extra-capsular fracture of neck of femur, vertical fracture of both rami of pubes. Rupture of membranous urethra; hypostatic pneumonia of lower lobes.

*Fractures of patella.*—Males 11, females 11. C. 20, R. 2. Right 13, left 9; Transverse 18, oblique 3, comminuted 1; due to muscular action 17, direct violence 3, doubtful 2.

*Complications.*—Old fracture with fibrous union 1; genu valgum 1; delirium tremens 1; suppuration around pins 1.

*Treatment.*—Wired by Kocher's method 4; wired by open method 4; pinned 10; plaster-of-Paris splint 4.

In one case, after having been wired by the open method, the line of union gave way with a snap at the first attempt at passive movement on the 37th day; sent out in plaster-of-Paris splint.

*Fractures of tibia and fibula.*—*Simple.*—Males 65, females 24. C. 88, R. 1. Right 50, left 39; caused by direct violence 14, indirect violence 73, doubtful 2; situated in the upper third 2, middle third 12, lower third 75; comminuted 2; re-fractures 3.

*Complications.*—Old excision of knee on same side 1; displacement of foot 2; great effusion into ankle-joint 1; bronchitis 2; left hemiplegia 1. All treated with plaster-of-Paris splints; in 2 cases union delayed for 50 and 78 days respectively.

The case relieved was one of left hemiplegia, with much bronchitis. Union not firm on 78th day, so discharged in leather splint.

*Compound.*—Males 16, females 5. C. 15, R. 2, D. 4. Right 12, left 9; caused by direct violence 11, indirect 10; situated in upper third 2, middle third 6, lower third 13; comminution in 3, delayed union in 3.

*Complications.*—Involving ankle-joint with dislocation 1; simple fracture opposite tibia and fibula 1; fracture of sternum 1; fracture of ribs 1; compound fracture of finger 1; rupture of anterior tibial artery 1; gangrene 1; delirium tremens 1; carcinoma of rectum 1; necrosis 3.

*Treatment.*—Amputation of leg 3; wire suture of bone 1; sequestrotomy 2; Neville's splint 2; the other cases treated with antiseptics and plaster-of-Paris splints.

#### *Fatal cases.*

1. Male, æt. 57. Run over. Compound comminuted fracture of both bones in lower third, with a fracture of the sternum and ribs. P.M.—Sternum broken across  $2\frac{1}{2}$  inches from the upper end; fracture of ribs 1st—7th left and 4th—11th right; lacerated wound of liver, and abdomen contained 2 pints of blood.

2. Female, æt. 68. Death on 54th day from carcinoma of rectum. P.M.—Fracture not united. Lower 3 inches of rectum occupied by a columnar-celled carcinoma; kidneys granular, with hydronephrosis of left.

3. Female, æt. 4. Run over by tramcar. Great laceration of leg. Death from shock on same day.

4. Male, æt. 44. Fall from a van. Considerable hæmorrhage. Gangrene on 3rd day; amputation performed in upper third, when on examination the anterior tibial artery was found to be ruptured. P.M.—No other lesions.

*Fractures of tibia.*—*Simple.*—Males 17, females 4. C. 21. Right 11, left

10; caused by direct violence 9, indirect 12; situated in upper third 1, middle third 4, lower third 16; greenstick fracture 1; re-fracture 1; involving knee-joint 1, diphtheria 1. Treated with plaster-of Paris splints in all cases.

*Compound.*—Male, æt. 84. Oblique fracture of lower third of left tibia due to indirect violence, upper fragment being sharp. The skin sloughed, causing fracture to become compound; amputation refused. Tetanus on the 26th day, commencing gradually; spasms severe, and death on 28th day. P.M.—Granular cystic kidneys; brain and cord healthy to naked eye.

*Fractures of fibula.*—*Simple.*—Males 23, females 4. C. 27. Right 15, left 12; caused by direct violence 1, indirect 26; situated in upper third 1, lower third 26; old fracture 1; great effusion into ankle-joint 1; hæmatoma of knee-joint 1; fracture of inferior maxilla 1. All treated with plaster-of-Paris splints.

*Wound of ankle-joint.*—Male, æt. 8. Run over by a pavement roller. Long lacerated wound on front of lower part of right leg, baring the bone and opening the ankle-joint, part of the astragalus being ground off. Cleansed and placed in plaster-of-Paris splints. Some suppuration. Trismus on 15th day, with risus sardonicus, but no spasms till the 18th day. Muscles of neck, abdomen, and back rigid, but no severe spasms till 26th day, when they mainly affected back of neck. Treated with large doses of chloral hydrate. No further spasms after 34th day, and after this the rigidity of muscles gradually subsided. Discharged on 104th day, tenotomy of the tendo Achillis being performed a few days previously.

## SPECIAL TABLES.

## SPECIAL TABLE I.—

## A. INGUINAL HERNIA.—

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
1	Child	M.	16 months	R.	1 year	—	?
2	Child	M.	4	R.	1 year	—	?
3	Single	F.	24	L.	5 months	—	?
4	Police sergeant	M.	35	R.	7 weeks	—	?
5	Milk carrier	M.	22	R.	Some years	—	?
6	Frame maker	M.	70	R.	Old	—	?
7	Baker	M.	33	L.	9 years	—	?
8	Baker	M.	23	R.	9 years	—	Probably enterocele
9	Child	M.	2½	R.	2 years	—	Probably congenital
<i>b. Reducible.</i>							
10	Bird-cage maker	M.	17	R.	11 years	—	Enterocoele
11	Game-keeper	M.	40	R.	18 months	—	Epiplocele
12	Police constable	M.	22	Double	2 years	—	Epiplocele (right); ? (left)
13	Painter	M.	21	L.	?	—	Enterocoele
14	Carman	M.	27	Double	2 months (right); 7 days (left)	—	Enterocoeles
15	Carman	M.	23	R.	14 months	—	?
16	Child	M.	16 months	R.	15 months	—	Congenital enterocele
17	Clerk	M.	19	R.	2 years	—	Funicular

*Hernia.**a. Reducible. No operation.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Wool truss	12	R.	Phimosis; circumcision while in hospital.
Wool truss	13	R.	Hernia did not descend while in hospital.
Truss	16	R.	Probably omental. Subsequent radical cure. See Case 47.
Nil	8	U.	Enlargement of testis.
Nil	1	U.	Rejected for P. C. Went out at own request.
Enemata	4	R.	Also reducible umbilical hernia.
Excision of varicocele	60	R.	No hernial sac found at operation.
Nil	2	U.	Epilepsy. Previous radical cure 3 years ago. Radical cure on second admission. See Case 27.
Truss	44	R.	External ring not large.

*Radical Cure.*

Sac empty at operation, ligatured and excised. Pillars sutured with two silk sutures	22	C.	Has never worn a truss.
Omentum ligatured and removed; sac ligatured and excised. Ring closed with four silk sutures	41	C.	Suppuration, necessitating incision.
Double radical cure at separate operations. Sac ligatured and removed both sides, also omentum on right. Left sac empty at operation. Pillars sutured with silk both sides	106	C.	Result good on both sides.
Sac used as plug for canal. Pillars sutured with kangaroo tendon	28	C.	Cystitis. Hernia first noticed when rejected for army.
Double radical cure at one operation. Sac used as plug for canal, and kangaroo tendon sutures for pillars on each side.	26	C.	—
Sac not found at operation. Pillars sutured with silk	26	C.	Very large external ring.
Processus vaginalis divided, ligatured, and part excised. New tunica vaginalis not made. Pillars not sutured	19	C.	—
Sac ligatured and excised. Silk sutures for pillars	39	C.	Sac long and narrow, empty at operation, adherent to cord.



No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
18	School	M.	10	R.	Congenital	—	Congenital
19	Child	M.	3	Double	„	—	Congenital enteroceles
20	Railway porter	M.	28	L.	6 days	—	Enterocoele
21	Milk carrier	M.	23	R.	6 weeks	—	Epiplocele
22	Clerk	M.	18	Double	6 years	—	Congenital
23	Telephone wire fixer	M.	28	R.	7 weeks	—	Congenital enterocoele
24	Child	M.	14	R.	14 years	—	Infantile enterocoele
25	Cook	M.	41	R.	5 years	—	Epiplocele
26	Remover	M.	19	R.	17 years	—	Congenital epiplocele
27	Baker	M.	23	R.	18 months	—	Enterocoele
28	Smith	M.	22	L.	3 years	—	Funicular
29	Machinist	M.	19	L.	3 months	—	Epiplocele
30	Carman	M.	34	L.	12 months	—	„
31	Fireman	M.	18	R.	?	—	Enterocoele
32	Labourer	M.	23	L.	2 weeks	—	Epiplocele
33	Horse-keeper	M.	41	R.	19 years	—	?

Treatment.	No. of days in hospital.	Result	Remarks.
Testicle brought down into scrotum; epididymis separated and inverted to give sufficient length of cord. Rest of sac ligatured and excised	39	C.	Undescended testis, which had never passed through external oblique, the external ring being non-existent, and testicle and sac lying between external and internal oblique muscles.
Double radical cure at separate operations. Processus vaginalis divided, ligatured, and part excised. New tunica vaginalis closed with silk. Pillars sutured with silk	53	C.	Large herniæ, distending scrotum. Circumcision also performed.
Sac ligatured and excised. Pillars sutured with kangaroo tendon	32	C.	Discharged wearing a truss.
Omentum and sac ligatured and excised. Pillars sutured with silk	35	C.	Some adhesions at neck of sac.
Operation left side only. Sac double, both empty, drawn up into canal as a plug. Pillars sutured with kangaroo tendon	14	C.	Previous double rupture when an infant.
Sac double; subperitoneal lipomata; one contained vermiform appendix; sac ligatured and removed. Pillars not sutured	18	C.	Trusses had been ineffectually tried.
Sac drawn up as a plug. Pillars sewn with kangaroo tendon	41	C.	Some suppuration. Truss had been tried 2 years.
Omentum adherent to sac, ligatured and removed. Sac used as a plug. Conjoined tendon and external pillar sewn with kangaroo tendon	48	C.	Has worn truss 5 years.
Sac ligatured and excised. Testicle atrophied, and removed with cord and some enlarged veins	45	C.	Some suppuration.
Sac ligatured and excised. Four kangaroo tendon sutures to pillars	40	C.	Previous radical cure on same side 3 years ago. Epilepsy. See Case 8.
Sac ligatured and excised. Two kangaroo tendon sutures to pillars	31	C.	Has previously worn truss.
Omentum and sac ligatured and excised. Pillars sewn with 4 silk sutures	25	C.	Definite history of appearance after strain.
Omentum and sac ligatured and excised. Conjoined tendon and external pillar sutured with 2 silk sutures	31	C.	Some suppuration. Discharged wearing truss.
Sac empty at operation; ligatured and excised. Pillars sewn with strong catgut	27	C.	Never noticed hernia till refused for navy.
Sac empty at operation; ligatured and removed. Radical cure for varicocele also done. One silk suture to pillars	26	C.	History of strain.
Sac double, empty at operation; both ligatured and excised. Conjoined tendon and external pillar sewn with 2 silk sutures	32	C.	On admission hernia not down, but pain and tenderness in epigastric region.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
34	Lieutenant	M.	33	L.	10 years	—	Enterocoele
35	Servant	F.	14	L.	3 months	—	„
36	Carman	M.	42	R.	18 years	—	„
37	Grocer	M.	22	L.	7 months	—	?
38	Wheelwright	M.	19	R.	3 months	—	Congenital enterocoele
39	Farrier	M.	50	R.	29 years	—	Enterocoele
40	Child	M.	2½	R.	Congenital	—	Congenital
41	Child	M.	6	R.	4 years	—	?
42	Labourer	M.	46	R.	2 years	—	Enterocoele
43	Child	M.	6	R.	2 months	—	Funicular enterocoele
44	Steward	M.	19	L.	1 year	—	Epiplocele
45	Railway constable	M.	24	L.	3 years	—	Enterocoele
46	?	M.	25	R.	20 years	—	Congenital epiplocele
47	Lady's maid	F.	24	L.	6 months	—	?
48	Costermonger	M.	21	R.	2 years	—	Entero-epiplocele
49	Child	M.	3½	L.	18 months	—	Hydrocele of funicular process
50	Brass polisher	M.	19	R.	1 year	—	Epiplocele

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac small; ligatured and excised. Pillars not sutured	18	C.	Truss previously worn, and had proved efficient, but was irksome.
Sac empty at operation; ligatured and removed. One suture to pillars of ring	37	C.	Had not previously worn truss.
Much gut in sac. Sac used as a plug. External pillar and conjoined tendon sutured with kangaroo tendon	94	C.	Very large scrotal hernia. Much blood accumulated in scrotum after operation. Suppuration.
Sac empty at operation; ligatured and excised. Radical cure of varicocele also done. Pillars not sewn	85	C.	Suppuration. Very long lax scrotum.
Plug made of upper part of processus vaginalis. Pillars sutured with kangaroo tendon	30	C.	Has never worn a truss.
Sac empty at operation; ligatured by transfixion. Pillars sewn with 3 kangaroo tendon sutures	43	C.	Truss on and off for many years. Emphysema of lungs.
Sac thick and firm, but empty. Upper part excised. Pillars sutured with silk	30	C.	Bloody serum subsequently accumulated in scrotum and was evacuated.
Circumcision, followed by radical cure. Sac empty; ligatured with kangaroo tendon and excised. One suture to ring	40	C.	Truss previously tried.
Sac ligatured and excised. One silk suture for pillars	29	C.	Truss effective till 7 weeks before admission
Fluid in sac; ligatured and excised. Pillars sutured with silk	12	C.	
Sac empty at operation, but omentum protruded on vomiting. Pillars sutured with silk	19	C.	Truss previously worn.
Large empty sac ligatured and excised. Conjoined tendon and external pillar sutured with silk	23	C.	Some effusion of blood into scrotum.
Testicle atrophic; omentum adherent to it. Omentum and testicle removed; sac ligatured and excised. Left varicocele dealt with at a subsequent operation	45	C.	Right testicle only partially descended.
Sac empty at operation; used as a plug. Conjoined tendon and external pillar sutured with kangaroo tendon	52	C.	Suppuration. See Case 3.
Vermiform appendix and omentum in sac at operation. Sac and omentum ligatured and excised. Pillars sutured	52	C.	Suppuration. Previously in hospital, but then only treated with a truss.
Process opened, ligatured and excised. Pillars not sutured. Circumcision at same operation	36	C.	Hydrocele of hernial sac, communicating with peritoneal cavity. Previously tapped as an out-patient.
Sac thin walled. Sac and omentum ligatured and removed. Pillars not sutured	35	C.	Wishes to enter army.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
51	Labourer	M.	22	R.	20 years	—	?
52	?	M.	62	L.	15 years	—	Epiplocele
53	Plumber	M.	15	L.	3 years	—	„
54	Carman	M.	18	R.	?	—	Entero-epiplocele
55	Fireman	M.	25	R.	10 days	—	Enterocele
56	Labourer	M.	24	R.	2 months	—	Funicular enterocele
57	Groom	M.	28	R.	2 weeks	—	Epiplocele
58	Potman	M.	22	Double	?	—	Subperitoneal lipoma
59	Potman	M.	23	„	6 months	—	Subperitoneal lipoma

*c. Strangulated Irreducible.*

60	Widow	F.	40	L.	4 days	4 days	?
61	Optician	M.	62	R.	7 years	3 hours	?
62	Labourer	M.	57	L.	20 years	6 hours	?
63	„	M.	43	R.	25 years	3 hours	Enterocele
64	Smith	M.	45	R.	20 years	4 hours	?
65	Stationer	M.	22	R.	Old	6 hours	?
66	Printer	M.	21	R.	1 hour	1 hour	Enterocele

*d. Strangulated Irreducible.*

67	Ice dealer	M.	49	L.	4 years	3 days	Enterocele
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Treatment.	No. of days in hospital.	Result.	Remarks.
No sac found at operation, but sub-peritoneal lipoma and patency of ring. Three kangaroo sutures to pillars	35	C.	Previous radical cure in Liverpool Infirmary 6 months before. No trace of the sutures found. Has also had radical cure on left side.
Sac thick, and contained matted omentum. Subperitoneal lipoma size of testicle. Sac and omentum ligatured and excised. Pillars not sutured	14	D.	Extensive sloughing, with scrotal abscesses. Delirium, and died 13th day after operation. No P.M.
Omentum and sac ligatured and excised. Pillars not sewn	27	C.	Hernia did not reach into scrotum.
Sac contained gut and omentum, closely adherent to vas, ligatured and excised. Pillars sewn with five silk sutures	38	C.	Absorbent wool sponge inadvertently sewn up in wound; some suppuration.
Testicle removed. Hernial sac double and empty, ligatured and excised	34	C.	Right testis undescended, lying just beyond external abdominal ring; suppuration.
Sac empty at operation, ligatured and excised. Conjoined tendon sewn to external pillar by two silk sutures	52	C.	Varicocele.
Sac contained omentum. Omentum and sac ligatured and excised. Pillars sewn with five silk sutures	33	C.	
Double operation. Large mass of subperitoneal fat each side, but no sac found. Ligatured, and mass excised. Pillars not sutured	65	C.	Admitted for kick in abdomen, with much pain and obscure mass in right iliac fossa. (?) Perityphlitis. See Case 59.
Operation on right side. A mass of fat with no sac again found; mass removed, pillars sewn with silk	46	C.	Same case as 58. Herniæ had returned 2 months after discharge.

*No operation.*

Spontaneous reduction 2 hours after admission	1	R.	Small tense hernia, with history of vomiting for 4 days.
Reduced by taxis	7	C.	Hernia also on opposite side. Wearing scrotal truss on discharge.
Ice-bag; spontaneous reduction	9	C.	Large pyriform scrotal hernia.
Icebag; taxis	2	C.	Forgot to put on truss. Hernia twice its usual size.
Ice-bag; spontaneous reduction	12	C.	Discharged wearing a truss.
Ether; taxis	1	C.	Discharged wearing a truss.
Ice-bag; taxis	4	C.	Discharged wearing pad and bandage.

*Herniotomy with Radical Cure.*

Gut reduced. Sac ligatured and excised. Pillars not sutured	22	C.	Large loop of sigmoid flexure, slightly congested, in sac.
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No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
68	Miller	M.	48	L.	Old	5 hours	Enterocoele
69	Labourer	M.	27	L.	9 years	18 hours	Congenital entero-epiplocele
70	Horse-keeper	M.	21	R.	18 months	24 hours	Enterocoele
71	Frame maker	M.	55	L.	7 years	4 days	„
72	Porter	M.	35	R.	35 years	1 day	„
73	Carman	M.	42	R.	2 weeks	4 hours	„
74	Gasfitter	M.	55	L.	4 years	6 hours	„
75	Printer	M.	20	R.	5 weeks	12 hours	„
76	Horsekeeper	M.	44	R.	15 years	5 hours	„
77	Gas stoker	M.	51	R.	23 years	5 hours	Entero-epiplocele
78	Painter	M.	66	R.	25 years	30 hours	Enterocoele
79	Greengrocer	M.	16	R.	Old	2 hours	Funicular entero-epiplocele
80	Painter	M.	74	R.	10 years	24 hours	Enterocoele
81	Labourer	M.	82	R.	8 months	18 hours	Entero-epiplocele
82	Brassworker	M.	56	R.	23 years	1 day	Enterocoele
83	Carpenter	M.	24	L.	18 hours	18 hours	Congenital entero-epiplocele

Treatment.	No. of days in hospital.	Result.	Remarks.
Gut reduced. Sac ligatured and excised. Pillars sutured with silk	22	C.	Small intestine; complete loop of gut involved.
Gut reduced. Omentum and sac ligatured and excised. Four silk sutures for pillars. New tunica vaginalis made with five silk sutures.	15	C.	Loop of small intestine strangulated in two places, at internal ring and down the canal.
Gut reduced. Sac ligatured and removed. Pillars sutured with silk	14	C.	Single deeply congested knuckle of small intestine.
Sac used as a plug. Conjoined tendon and external pillar sutured with kangaroo tendon	21	C.	Strangulated several times previously, but always easily reduced. Sigmoid flexure in sac.
Sac used as a plug. Kangaroo tendon sutures for pillars	12	C.	One foot of small intestine in sac, deeply congested. Much fluid in sac; constriction very tight. Troublesome hæmorrhage from a venous plexus under conjoined tendon.
Sac ligatured and excised. Canal closed with five silk sutures	23	C.	Cæcum, vermiform appendix, and 1½ ft. of small intestine in sac.
Sac ligatured and excised. Pillars not sutured	23	C.	3 inches of small intestine with some fluid in sac.
Sac ligatured and excised. Pillars sutured with silk	16	C.	Small intestine, condition good, in sac.
Sac ligatured and excised. Pillars sewn with silk sutures. Radical cure in same way done for a left hernia 4 weeks later	49	C.	Small intestine in sac, easily reducible. The left hernia was irreducible, and contained large intestine.
Gut and omentum reduced. Sac ligatured and excised. Pillars not sutured	31	C.	Sac thick; contained several coils of small intestine, mesentery, and omentum.
Sac ligatured and excised. Canal closed by two sutures	53	C.	Cure delayed by troublesome diarrhoea resisting treatment.
Gut reduced. Omentum and sac ligatured and excised. Pillars sutured with silk	32	C.	3½ inches of small intestine, with some omentum, in sac.
Gut returned. Sac ligatured and excised. Pillars sutured with kangaroo tendon	6	C.	On the constricted gut was a hard mass of considerable size attached along its mesenteric border. State of patient did not allow of treatment of this.
Sac and omentum ligatured and excised. Gut returned. Pillars sutured with kangaroo tendon	37	C.	Large loop of small intestine, with considerable amount of omentum, in sac.
Gut returned. Sac ligatured and excised. Pillars not sewn	20	C.	Much fluid in sac, with six inches of small intestine adherent at its neck. Could not be returned till whole canal was opened up.
Gut returned. Omentum and sac ligatured and excised. Conjoined tendon and external pillar sutured with silk	21	C.	Complete loop of small intestine in good condition. New tunica vaginalis not made.

*e. Strangulated Irreducible.*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
84	Engine driver	M.	68	R.	20 years	3 days	Entero-epiplocele
85	?	M.	30	R.	Old	1 day	Enterocoele
86	Cabman	M.	30	R.	10 years	4 days	„

*f. Strangulated Irreducible. Herniotomy,*

87	Grocer	M.	53	R.	?	3 days	Enterocoele
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*g. Inflamed Irreducible.*

88	Paperhanger	M.	35	R.	Old	—	Entero-epiplocele
89	Porter	M.	53	L.	23 years	—	„
90	Saddler	M.	80	R.	18 years	—	? Enterocoele
91	Potman	M.	40	R.	Old	—	Enterocoele

*Herniotomy only.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Omentum ligatured and removed. Gut returned, a plug of iodoform gauze being used to keep it in place. Sac not ligatured	26	C.	Old and very vascular adhesions between gut and neck of sac, so no attempt made to ligature the latter. Wearing truss on discharge.
Gut returned, but neck of sac not closed. Drainage-tube placed in canal	3	D.	8 inches of small intestine, dark but polished, in sac. 3j of fluid, dark and offensive. Abdomen became much distended with impaired resonance in right iliac region. P.M.—Commencing peritonitis; two separate coils 1 foot apart were gangrenous but not perforated. Hypostatic congestion of lungs.
Constriction relieved. Suture passed through wall of gut, which was brought to surface and fixed in position. Sac not ligatured	25	C.	Reduction <i>en masse</i> . Sac found lying between peritoneum and abdominal wall; constriction at its neck. Gut deeply congested, and rather grey along line of constriction. No faecal fistula at any time.

*Resection of Intestine, with Circular Enterorrhaphy.*

Sac opened. Gut gangrenous, and 3 inches excised between Makins' clamps. Mesentery not removed. Circular enterorrhaphy, with double row of sutures, the first being of mucous membrane from inside gut. Tube inserted down to gut	36	C.	Small hernia, with small loop of small intestine injured beyond recovery; did perfectly well. Flatus passed on 2nd day, bowels open on 7th, and patient up on 16th day after operation.
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*No operation.*

Ice-bag; reduction of gut	2	R.	Very large scrotal hernia, constricted in middle, lower part tense and painful. Considerable amount of lumpy omentum remained irreducible.
Ice-bag; reduction of gut	22	R.	Large scrotal hernia. Gut reduced, but large amount of nodular omentum adherent to sac, and will not reduce.
Ice-bag; taxis	3	C.	Reduced 2 hours after application of ice. Sent out wearing truss.
Ice-bag. Pot. bromide and chloral hydrate. Taxis	1	R.	Large resonant scrotal hernia. Delirium tremens. Sent to infirmary.



*h. Inflamed Irreducible.*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
92	?	M.	18	R.	2 years	—	?
93	Leather dyer	M.	48	L.	18 years	—	Epiplocele
94	General dealer	M.	44	R.	42 years	—	„
95	Dealer	M.	56	L.	38 years	—	„

*i. Chronic Irreducible.*

96	Labourer	M.	46	L.	20 years	—	Entero-epiplocele
97	Engineer	M.	33	L.	Old	—	Epiplocele
98	Fisherman	M.	30	R.	2 months	—	„
99	?	M.	23	L.	1 year	—	Entero-epiplocele
100	Cook	M.	50	L.	4 years	—	„

*Radical Cure.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Ice-bag; anæsthetic; reduction. Radical cure. Sac ligatured and excised. Pillars sutured with silk	43	C.	Sac empty at operation. Wearing truss on discharge.
Ice-bag; partial reduction. Nodular omentum ligatured and excised with part of sac; rest used as a plug. Pillars sutured with kangaroo tendon	34	C.	Omentum adherent, and much matted and altered by inflammation. Small sub-peritoneal lipoma outside sac.
Sac and omentum (adherent) ligatured and excised. Pillars sewn with three sutures of kangaroo tendon	23	C.	Large mass of thickened omentum in sac.
Omentum and sac ligatured and excised. Canal closed with four kangaroo tendon sutures	30	C.	Omentum thickened and œdematous. Adherent to sac and also to large intestine at one spot, on separating which some troublesome bleeding occurred.

*Radical Cure.*

Omentum and sac ligatured and excised. Pillars sewn with five silk sutures	33	C.	Medium-sized scrotal hernia. Omentum nodular and adherent about neck of sac. No truss on discharge.
Omentum and sac ligatured and excised. Pillars sewn with five silk sutures	20	C.	Omentum non-adherent.
Omentum and sac ligatured and excised. Pillars sewn with five silk sutures	81	C.	Omentum partly adherent to sac. Suppuration.
Omentum ligatured and excised. Sac so adherent to vas that a strip was left, ligatured and removed at neck. Canal closed with kangaroo tendon sutures	34	C.	Large amount of omentum in sac, adherent just at neck.
Contents of sac so matted and adherent that it was impossible to reduce them, so sac closed up	81	R.	Large scrotal hernia, partially reducible and mainly irreducible. Discharged wearing large scrotal truss.

## B. FEMORAL HERNIA.—

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
1	Widow	F.	43	R.	4 months	—	?
<i>b. Reducible.</i>							
2	Servant	F.	37	L.	5 months	—	Epiplocele
3	Single	F.	24	R.	8 months	—	? Enterocoele
<i>c. Strangulated Irreducible.</i>							
4	Married	F.	56	L.	2½ years	2 days	Entero-epiplocele
5	Book sewer	F.	64	L.	4 days	3 days	Epiplocele
6	Married	F.	45	R.	6 months	18 hours	Entero-epiplocele
7	—	F.	47	L.	30 years	3 days	„
8	—	F.	47	R.	2 days	2 days	Epiplocele
9	Married	F.	52	L.	12 years	3 days	Entero-epiplocele
10	Housekeeper	F.	73	R.	4 years	36 hours	„
11	—	F.	42	R.	6 months	2 days	Enterocoele
12	Married	F.	37	R.	12 years	12 hours	Entero-epiplocele

*a. Reducible. No Operation.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Nutrient enemata. Truss	16	R.	Easily reducible hernia. Persistent vomiting while in hospital, persisting on discharge.

*Radical Cure.*

Small empty sac, ligatured and excised. Fascia sewn with two silk sutures	30	C.	Large amount subperitoneal fat. Wearing light femoral truss on discharge.
Sac empty at operation, ligatured and excised	30	C.	Discharged without truss.

*Herniotomy with Radical Cure.*

Herniotomy; omentum and sac ligatured and excised, two sutures placed through fascia	18	C.	Loop of gut complete. Moderately congested.
Omentum and sac ligatured and excised; fascial opening closed with two silk sutures	18	C.	Some fluid in sac, with an omental tag. Discharged wearing a truss.
Omentum contained a cyst. Omentum and sac ligatured and excised.	19	C.	Loop of gut congested and hidden behind omentum. Discharged wearing a truss.
Omentum adherent to sac; both ligatured and excised	13	C.	Small loop of gut, deeply congested but recoverable.
Omentum in sac contained a small cyst; ligatured and excised, as also sac	82	C.	Has also had a hernia on left side for four years.
Gut reduced. Omentum partly reduced, partly ligatured and removed with sac	3	D.	Gut congested but appeared recoverable. Temperature rose to 105.6° before death. P.M. — General peritonitis with turbid blood-stained fluid. Loop of gut 10 inches long, beginning 9 inches above cæcum, deeply congested. Ulcer on inner surface, just above constriction.
Gut reduced. Omentum and sac ligatured and excised	2	D.	Bronchitis, and gradually sank. P.M. — No peritonitis or fluid in abdomen. Gangrenous loop of small intestine 9 ft. 8 in. from cæcum, 1½ in. in length, attached to femoral ring. Perforation with ragged edges.
Surface of gut slightly scratched on opening sac. Gut returned, sac twisted, ligatured, and excised	27	C.	Constriction moderately tight; gut deeply congested. No fluid in sac.
Gut reduced. Omentum and sac ligatured and excised	15	C.	Also left femoral hernia. Discharged wearing double truss.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
13	Timber yard worker	M.	57	R.	8 hours	8 hours	Enterocoele
14	—	F.	48	R.	4 years	4 days	„
15	Servant	F.	49	R.	„	„	Epiplocele
16	Married	F.	48	L.	6 years	12 hours	Enterocoele
17	Greengrocer	F.	50	R.	7 years	2 days	Entero-epiplocele
18	Servant	F.	54	L.	36 hours	36 hours	Enterocoele
<i>d. Strangulated Irreducible.</i>							
19	—	F.	64	L.	5 days	5 days	Enterocoele
20	Married	F.	43	R.	4 years	„	Entero-epiplocele
21	—	F.	56	R.	?	24 hours	Enterocoele
22	Single	F.	49	R.	Old	2 days	„
23	Married	F.	52	R.	2 months	„	„



Treatment.	No. of days in hospital.	Result.	Remarks.
Gut reduced. Sac ligatured and excised. Crural ring closed with two catgut sutures. Radical cure also done for the hernia on left side	14	C.	Loop of gut dark and ecchymosed, 6 in. long. Had also a left femoral hernia, which he had never noticed before admission.
Gut doubtful, but returned. Sac ligatured and excised	22	C.	Gut wall collapsed in suspicious way on relief of constriction. Much fluid in sac and peritoneum.
Omentum congested, ligatured and removed. Sac ligatured and excised. Crural ring closed	14	C.	Much fluid in sac.
Gut reduced. Neck of sac ligatured with kangaroo tendon, ends of ligature being passed through fascia and Poupart's ligament	14	C.	Small loop of small intestine in sac.
Omentum partly adherent; ligatured and removed. Sac ligatured and removed, and crural ring closed with two sutures	22	C.	Three-inch loop of small intestine of deep claret colour in sac, and about 1 oz. of fluid.
Gut reduced, sac ligatured and excised	55	C.	Littre's hernia. Erysipelas arose on 18th day after admission.

### *Herniotomy only.*

Suppuration round sac, which was gangrenous, as was gut. Constriction relieved, gut left <i>in situ</i> and faecal fistula established	2	D.	Gut gave way at operation. P.M.—Gangrenous small intestine, 10 ft. from ileo-caecal valve, this adherent at femoral ring. Edges of perforation ragged. No peritonitis.
Omentum and sac gangrenous, sac stripped away; wound left open with a plug of iodoform gauze	1	D.	Large hernia; 5 oz. evil-smelling fluid in sac, thought to be faecal, but no gut found at operation. P.M.—Piece of strangulated gut, 4 inches in length, and 1 ft. above valve. Coats soft and gangrenous, with a rent admitting index finger. Peritoneum contained much liquid faeces.
Gut dull bluish grey, coated with lymph and adherent at neck of sac. Intestine left <i>in situ</i> , sac cut away and drainage-tube passed down to gut	38	C.	Sac has a long narrow neck. Faecal fistula on 12th day, perfectly sound on discharge.
Gut dark, secured by two sutures and left <i>in situ</i> . Sac cut away	5	D.	Dark brown foul-smelling fluid in sac, and some lymph. Gut gave way on 4th day, peritonitis supervening. P.M.—Intense peritonitis, knuckle of gut strangulated was 2 ft. above caecum, gangrenous for 3 inches, with a circular opening where attached. No faecal extravasation.
Gut easily reduced, condition doubtful. Sac cut away and drainage-tube inserted.	26	C.	No bad symptoms. Wearing truss on discharge.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
24	Married	F.	46	R.	15 years	6 days	Enterocoele
<i>e. Strangulated Irreducible.</i>							
25	—	F.	43	L.	?	4 days	Enterocoele
<i>f. Strangulated Irreducible.</i>							
26	Married	F.	48	R.	5 years	4 days	Enterocoele
<i>g. Strangulated Irreducible.</i>							
27	Widow	F.	59	R.	?	4 days	Enterocoele
28	—	F.	44	R.	?	1 day	Enterocoele
<i>h. Inflamed Irreducible.</i>							
29	Married	F.	44	L.	9 months	—	Epiplocele

Treatment.	No. of days in hospital.	Result.	Remarks.
Small knuckle of gut, easily reduced. Sac not dissected out or ligatured	34	C.	Complete knuckle of small intestine in sac.

### *Herniotomy with Artificial Anus.*

Herniotomy under cocaine. Sac opened, gut gangrenous. Rapidly stitched in position, gut opened and artificial anus established	1	D.	Fæcal vomiting; sac necrotic. P.M.—Strangulated loop 7 ft. above the ileo-cæcal valve, measuring 2 inches. Coil had been incised. Mucous membrane sloughing. No peritonitis or distension above constriction.
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### *Herniotomy and Laparotomy.*

Stomach washed out. Herniotomy. Gut dark but recoverable. Sac ligatured and excised. Median incision made, distended loop brought out, tapped and evacuated, sutured with Lembert's sutures and returned. This repeated next day	2	D.	Vomit very offensive. Abdomen greatly distended. Peritonitis supervened, and patient sank. P.M.—Intense peritonitis, most marked on left side, where a cotton-wool sponge was found. Strangulated coil was 4 ft. above cæcum, recoverable except for doubtful spot at one end. No leakage from points of puncture.
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### *Herniotomy and Resection of Gut.*

Small gangrenous loop of gut in sac. 7 inches resected, ends invaginated and sewn with silk sutures, and lateral intestinal anastomosis performed with Senn's bone plates. Two glass drains inserted. Stomach washed out	1	D.	Patient never rallied, and died 2 hours after operation. P.M.—Intestines much distended. Seat of resection 6 ft. above cæcum. Tissue of bowel too friable to hold the sutures, and water escaped freely through anterior line of union. A line of gangrene inside gut, corresponding to edge of one of bone plates. Injection of adjacent coils. Kidneys granular.
2 inch loop of gut involved; appeared recoverable and returned. Sac excised. Abdomen opened fourth day. Loop of gut found sloughing, but no actual perforation. 3 inches resected, and circular enterorrhaphy done with double row of fine Lembert's sutures	5	D.	Peritonitis after first operation. Did not rally after the resection. P.M.—Resection 2½ ft. above ileo-cæcal valve. Line of union withstood strong water pressure. Local injection of intestines with some recent lymph. Recent hæmorrhages both lungs.

### *Radical Cure.*

Sac much thickened, empty at operation. Ligatured and excised	22	C.	Considerable amount of fluid in sac with pain, on admission.
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*i. Chronic Irreducible.*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
30	Servant	F.	18	L.	3 years	—	Epiplocele
31	Married	F.	39	R.	2 years	—	Enterocoele

**C. UMBILICAL HERNIA.—*a. Strangulated***

1	Married	F.	49	—	10 months	3 hours	Entero-epiplocele
2	Shoemaker	M.	55	—	10 years	4 days	Enterocoele

*b. Strangulated Irreducible.*

3	Married	F.	42	—	6 years	1 day	Entero-epiplocele
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*Radical Cure.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac thick, containing fluid. Small plug of omentum ligatured and removed, the sac being closed by 2 silk sutures	21	C.	
Two sacs; the first on being opened contained fluid and was shut off from peritoneal cavity. The second communicated with peritoneal cavity by a narrow neck. Ligatured and removed. Crural ring closed by 3 sutures.	30	C.	Hernia size of an egg. Tympanitic note on percussion.

*Irreducible. Herniotomy with Radical Cure.*

Omentum adherent to sac, ligatured and removed. Small loop of gut of dark purple colour, easily reduced. Sac with superfluous skin excised, and four deep sutures passed through skin and sac wall	33	C.	Discharged wearing abdominal belt.
Sac thin and inflamed, containing a deeply congested knuckle of intestine, but no fluid or omentum. Gut returned. Sac ligatured at neck and excised; wound sutured with silver wire	1	D.	Stercoraceous vomiting. P.M.—No peritonitis; strangulated loop 6 inches in length; recovering. Some recent hæmorrhages at cardiac end of stomach. Liver cirrhotic. Pneumonia of both lower lobes.

*Herniotomy only.*

Incision 6 inches long to right of umbilicus, with another transverse one. Sac multilocular, with several points of constriction. Intestine reduced, part of sac cut away, and a special opening made in dependent part for drainage	6	D.	Very large hernia. Cæcum, ascending and transverse colon, with much thickened mesentery and omentum, contained in sac. Inhalation of oxygen tried for hypostatic pneumonia. P.M.—Much offensive pus in sac, shut off from abdomen. Peritonitis, but no free fluid. Bowel tightly nipped in several places, in one beyond repair. Hypostatic congestion of lungs; heart loaded with fat.
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*c. Strangulated Irreducible. Herniotomy and*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
4	—	F.	58	—	25 years	4 days	Entero-epiplocele

*d. Inflamed Irreducible. Torsion*

5	Married	F.	79	—	?	5 hours	Enterocoele
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*e. Chronic*

6	Cook	F.	41	—	2½ years	—	Entero-epiplocele
7	Widow	F.	50	—	13 years	—	Epiplocele

*Artificial Anus. Subsequent Enterorrhaphy.*

Treatment.	No. of days in hospital.	Result.	Remarks.
6-inch median incision, with transverse one. Sac contained much small intestine, cæcum, and vermiform appendix. Cæcum covered with black gangrenous patches. Intestines matted with adhesions round neck of sac. Excision 6 inches, including cæcum. Artificial anus. Circular enterorrhaphy 14 weeks later, followed by obstruction, for which gut opened 3 days later. Drainage-tube passed through seat of obstruction, and gut again closed with Lembert's sutures	100	D.	Hernia size of a football. Circular enterorrhaphy with two rows of sutures, the first row being inside gut. P.M.—Excessively obese: no free fluid or fæcal extravasation in peritoneal cavity. Coils matted, the seat of union being adherent to adjacent coils. No weakness in line of sutures. Hypostatic congestion of lungs, which were generally œdematous.

*of Colon. Artificial Anus.*

4-inch median incision. Transverse colon formed a loop with elongated meso-colon; it had undergone a half turn, completely obliterating lumen and its own vessels. 18 inches of colon excised, the two open ends being sewn to abdominal wall, and artificial anus established. The gut removed was gangrenous	36	R.	Hernia size of foetal head. Did well; left hospital with an india-rubber plug fitted into artificial anus.
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*Irreducible.*

No treatment	3	D.	Skin over hernial sac eczematous. On 3rd day was found to have suddenly vomited copiously over the bed and be lying dead. P.M.—Hernial sac contained omentum, cæcum, and 1 ft. of ileum. Cæcum had perforated near its tip. Fluid fæces in abdomen. Large fibroid growth of uterus.
Sac contained large amount of thickened omentum, closely adherent everywhere by dense adhesions to sac wall. Omentum and sac ligatured and excised with some skin. Five stitches passed through margin of abdominal opening and peritoneum	3	D.	Morning after operation stertorous breathing; rapidly became unconscious, with rigidity of left arm and leg. No fits. P.M.—Nothing abnormal in abdomen or wound. Thickening and small vegetations on cardiac valves. Large embolus of right middle cerebral. Intense hyperæmia of central vessels.

**D. OBTURATOR HERNIA.—**

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
1	—	F.	70	R.	? Old	7 days	Enterocoele

**E. VENTRAL HERNIA.—**

1	Ironmoulder	M.	48	R.	2 years	—	?
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*Strangulated. Laparotomy.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Median laparotomy. Colon empty, and small intestine collapsed below. Distended small intestine traced to obturator foramen, below this empty. Incision made in adductor region exposing hernial sac; this opened, revealing foul-smelling pus and a knuckle of gangrenous intestine. No attempt made to relieve stricture, but drainage-tube inserted down to gut. Loop of gut near hernia now brought out at median abdominal wound, and fixed by glass tube passed through mesentery. Tapped, and 3 pints liquid fæces evacuated. Puncture closed by Lembert's sutures, and abdominal wound closed; intestine being kept up by glass tube	1	D.	Nothing felt <i>per rectum</i> ; <i>per vaginam</i> small mass felt on right side. Slight fulness in right adductor region, which had been noticed many years; continuous vomiting. Death 10 hours after operation. P.M.—Adhesions of coils; no general peritonitis. Strangulated coil of gut about 3 ft. above ileo-cæcal valve; intestines above were moderately distended. Specimen removed <i>en masse</i> for museum. Kidneys granular; lungs emphysematous.

*No operation.*

Abdominal belt	9	R.	Operation 2½ years ago in right semi-lunar line for distended gall-bladder, with obstructive jaundice. Gall-bladder sewn to wound, which was allowed to granulate up. Ventral hernia in site of and below this wound; easily reducible.
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SPECIAL TABLE II.—*Erysipelas*

No.	Sex.	Age.	Disease for which admitted.	Ward in which it arose.	Duration of residence in hospital before attack.	Probable cause of the attack.	Month.
1	F.	54	Strangulated femoral hernia	Elizabeth	17 days	?	February
2	M.	77	Impacted fracture neck of femur	Edward	24 days	?	April
3	F.	26	Necrosis of femur	Alexandra	170 days	Sinuses	„
4	M.	16	Morbus coxæ	Albert	55 days	Sinuses	„
5	M.	50	Epitheliomatous glands of neck	„	3 days	Removal of glands	May
6	F.	67	Rodent ulcer of forehead	Elizabeth	14 days	Removal of growth	June
7	F.	26	Necrosis of femur	Alexandra	240 days	Sinuses	„
8	M.	20	Sinuses in groin	Albert	35 days	Exploration	„
9	M.	8	Tubercular abscesses of arm	„	67 days	Tubercular sore	July
10	M.	16	Morbus coxæ	„	158 days	Sinuses	„
11	F.	1 $\frac{3}{12}$	Otitis media (double)	Victoria	9 days	Sore in meatus	September
12	M.	58	Epithelioma of floor of mouth	Leopold	13 days	Removal of growth	„
13	F.	2 $\frac{1}{12}$	Abcess of arm	Victoria	2 days	Incision	October
14	F.	60	Scirrhus of breast	Alexandra	13 days	Dressing	„
15	F.	1 $\frac{1}{12}$	Sarcoma of sterno-mastoid	Victoria	20 days	Removal of growth	„
16	F.	73	Scalp wound	Elizabeth	1 day	Scalp wound	November
17	M.	4 $\frac{1}{2}$	Mastoid caries	Victoria	15 days	Gouging of mastoid	„
18	M.	1	Abcess of thigh	„	3 days	Incision	„
19	M.	41	Lacerated wound of leg	Clayton	1 day	Dirty wound	December
20	F.	46	Recurrent scirrhus of breast	Elizabeth	70 days	Skin grafting	„

In the above table Nos. 3 and 7 and Nos. 4 and  
The above cases arose;—In Alexandra 3, Elizabeth 4,



*(arising in hospital).*

Part where eruption appeared.	Interval after action of probable cause.	Duration of attack.	Result.	Remarks.
Face	—	7 days	Cured	Herniotomy 16 days before commencement of attack. Extended over trunk and down right leg as far as foot.
"	—	"	"	
Left leg	—	5 days	"	Rigor; temp. 105.2°. Several sinuses open about the knee-joint.
Left thigh	—	6 days	"	Necrosis of sacrum. Pelvic and lumbar abscesses had been previously opened, and patient had a bedsore, but erysipelas appeared to start from the sinuses. Spreading over left lower limb, reaching foot.
Neck	2 days	"	"	
Face	3 days	4 days	"	Temp. 104.4°.
Left thigh	—	7 days	"	Same case as No. 3. Rigor, with temp. 104.8°.
Groin	10 days	11 days	"	Sinuses closed after attack.
Arm	—	4 days	"	Fæcal fistula, discharge from which diminished after the attack.
Left thigh	—	8 days	"	Rash spread down arm and over side of chest.
Face and head	—	7 days	"	Same case as No. 4. Definite rigor, with temp. 103.8°.
Face	7 days	3 days	Died	Commenced from left ear, spread over part of back.
Arm	2 days	8 days	Cured	See Summary of Diseases.
Side of chest	"	"	"	Rash spread to shoulder and over back.
Neck	"	5 days	"	Removal of whole sterno-mastoid.
Scalp	30 hours	18 hours	Died	Large, dirty scalp wound. Erysipelas spread rapidly; delirious before death.
Head	14 days	12 days	Cured	Large sequestrum found in mastoid; free discharge from wound, and from this the rash started.
Thigh	2 days	7 days	"	Temp. 104.2°; rash patchy in character.
Leg	1 day	6 days	"	Large dirty wound, exposing tibia from its middle third.
Chest	4 days	3 days	Died	Had had several nodules of recurrent scirrhus removed since admission. Erysipelas arose 4 days after skin grafting of the wound.

10 represent two attacks in the same patient.

Victoria 5, Albert 5, Edward 1, Leopold 1, Clayton 1.

## SPECIAL TABLE III.—PYÆMIA.

CLASS I.—*Admitted as such.*

*Puerperal pyæmia*.—Female, æt. 22. Underwent her third confinement 9 days before admission. Labour normal, the child being born two hours before arrival of the doctor. Pain in lower abdomen, with shivering and offensive vaginal discharge on 2nd day; continued in this condition up to time of admission. On admission, pain with increased heat and fulness over lower end of right femur; no redness or dilatation of veins, and no fluid in the joint; similar tender spot over lower end of tibia; inflamed tender patch on dorsum of right hand, and proximal end of left forefinger. A few moist sounds at the right base; spleen felt on deep inspiration; no offensive discharge *per vaginam*; temperature  $104.4^{\circ}$ . On 2nd day fluid in right knee- and ankle-joints, the left wrist being also affected; thrombosis of left popliteal vein followed, the whole of this lower limb becoming tense, red, and shiny; slight tenderness in iliac fossæ on deep pressure. On 4th day fluid in both elbow-joints with redness over them, and thrombosis of right axillary vein. Sickness considerable, abdomen much distended, and no secretion from breasts. Death on 7th day. Temperature uniformly high throughout, reaching  $106.6^{\circ}$ , but no rigors. P.M.—Pus in right knee- and elbow-joints; lungs congested; cloudy swelling of kidneys; endocardium deeply stained; no visceral deposits; uterine mucous membrane rough but not sloughy.

*Abscess of chest wall*.—Male, æt. 12. Admitted with brawny swelling and œdema of upper part of right chest wall, extending back into sub-axillary region, and with history of having been struck here with a cane 4 days before. Breath sounds faint, but otherwise normal. Continued extremely ill, with high but irregular temperature and increase in the brawny area; pus was eventually found and let out on the 4th day, infiltrating the tissues under the pectoral muscles. Left sterno-clavicular joint affected on 7th day, and opened. This was followed by implication of the right elbow-joint, right hip-, ankle-, and tarso-metatarsal joints, and left carpo-metacarpal with the right wrist-joint at intervals of a day or two. Dulness and scattered crepitations over both lungs; much diarrhœa; copious sweats, but no rigors. Progressive exhaustion, and death on the 13th day. P.M.—Tissues over right side of chest infiltrated with pus as low as the 6th rib, no necrosis of bone found; turbid fluid in both pleuræ, with infarcts of both lungs, many breaking down; lymph in pericardium. Joints affected as above, most contained pus, with erosion of cartilages in left carpo-metacarpal joints.

CLASS II.—*Acute bone cases.*

*Acute epiphysitis.*—Male, æt. 14 months. Redness and swelling of right elbow for one week, doubtful history of injury. Admitted with acute epiphysitis lower end of right humerus; incision made, and some pus let out. Two abscesses formed in the scalp on the 12th day, followed by others in the subcutaneous tissue in various parts during the next two months. Temperature high and irregular, but no rigors. Discharged cured on 95th day.

*Acute necrosis of femur.*—Female, æt. 17. Intermittent pain in right thigh for 3 weeks, but swelling only noticed day before admission. Incised freely, large part of diaphysis of femur found bare, and much pus let out. Subsequent incisions made and knee-joint drained, pus being found. Large abscesses of right thigh and left upper arm also incised, and one appeared above left clavicle. Temperature moderately high, no rigors. Death on 59th day. P.M.—Large abscess above left clavicle. Right knee-joint quite disorganised, the ends of the bones being bare and carious, and ligaments destroyed. Diaphysis of femur bare from end to end, posteriorly and internally. Cloudy swelling of liver and kidneys; no internal deposits.

*Acute necrosis of os calcis.*—Female, æt. 14. Sharp pain in region of left ankle for 7 days. Ankle and leg swollen and œdematous, fluctuation behind each malleolus. Incised, posterior and upper aspects of os calcis were found to be bare, the probe entering joint between it and astragalus. Pus had burrowed from here up the calf. Abscess appeared over clavicle and was incised, the inner two thirds of the bone being found bare. Epiphysis of os calcis separated, and was followed by a shell of nearly the whole bone. Temperature not very high. Discharged cured on 91st day.

*Acute necrosis of tibia.*—Female, æt. 3. Feeble child, extremely ill, said to have been delirious for two days before admission. Localised œdematous red patch on inner side of left tibia below the knee. This was incised, no pus found, but the periosteum was loose for 2 inches. Respiration rapid and shallow, with crepitations over lower third of each lung. Death next day. P.M.—Tibia bared of periosteum for 2 inches; epiphyses healthy. Both lungs contained numerous infarcts in all stages, many containing pus. Other viscera normal.

*Acute necrosis of tibia.*—Male, æt. 14. Pain in left leg followed by swelling for 6 days. Free incisions made over lower half of left tibia. Crepitations over lower half of both lungs, and fluid in left knee-joint, with subcutaneous abscesses on each side of the spine. Left knee-joint aspirated and then incised on 5th day. Right tibia then became similarly affected, with fluid in right knee-joint; this was also drained, pus being found. A large abscess also formed above the right clavicle. Solid patch in left lung. Lower end of left femur completely bare and necrosed. From this point gradual improvement took place, large sequestra were removed from both tibiæ and the femur at 3 separate operations, 6–9 months after onset of disease, and patient sent to convalescent home on 304th day. Temperature high, but no rigors.

CLASS III.—*Arising in hospital.*

*Wound of vulva.*—Female, æt. 56. Punctured wound of vulva, due to falling on the spike of a railing, the wound being situated to the right and in front of urethra. Venous hæmorrhage profuse, and patient greatly blanched; the hæmorrhage was ultimately controlled by deep catgut sutures. Infusion of 5 pints of normal saline solution into median basilic vein. Rigor on 8th day, temperature  $104.8^{\circ}$ ; several sloughs removed from wound. Another rigor on 11th day. Spleen felt below ribs on 18th day, followed by hypostatic congestion of both lungs. Recurrent rigors, 11 in all, with pyæmic temperature. Nothing found during life to account for it. Death on 38th day. P.M.—Wound clean and superficial; extensive suppuration in the iliac veins and a large pelvic abscess. Liver and spleen large and soft; no secondary deposits in viscera.

*Stricture of urethra.*—Male, æt. 29. Stricture for 4 years, following two attacks of gonorrhœa 5 and 10 years ago. A false passage 5 inches from meatus caused much difficulty, but a catheter was eventually passed and tied in on 11th day. Continuous catheterisation carried out, until steel sounds 26–30 were passed on 17th day. This followed by a rigor, temperature  $103.4^{\circ}$ , dropping to normal next day, but immediately rising again. Left epididymitis noticed on 21st day, followed by acute pericarditis, fluid in right pleura, and scattered crepitations over left lung. Acute peritonitis on 24th day, with incessant coffee-ground vomiting till death on following day. Temperature remained high, reaching  $104.6^{\circ}$ . No P.M. obtained.

*Stricture of urethra.*—Male, æt. 43. Previously in hospital 8 years ago, suffering from traumatic stricture, for which internal urethrotomy was performed. Stricture began to give trouble again 2 months ago. Situated in bulbous urethra, admits No. 2 catheter. Treated by interrupted catheterisation, temperature being irregularly high throughout. On 15th day definite rigor with temperature  $105^{\circ}$ , and perinæum noticed to be full and tender. Perinæal abscess opened next evening, followed by rigor and temperature  $105.4^{\circ}$ . Temperature then fell to normal, rising next day to  $104.6^{\circ}$  with a third rigor. Delirious at night, profuse sweats, and great pain left hip and thigh, with some fulness. On 22nd day pain and fulness of right shoulder, which joint was aspirated but nothing found. Vesicular pyæmic rash appeared on left thigh and leg, temperature at this time being continuously high. On 24th day temperature rose steadily, reaching  $108.2^{\circ}$  at death, and continuing to rise to  $109^{\circ}$  after death. Shoulder-joint incised on this day. P.M.—Pus in both hip-joints, left shoulder, and knee-joints, and infiltrating muscles about right shoulder-joint, which, however, was not itself involved. Stricture  $\frac{1}{2}$  inch long, just anterior to membranous urethra; no false passage detected. Hypostatic congestion of lungs, but no evidence of internal pyæmia.

*Abscess of tibia.*—Male, æt. 24. Twisted the left ankle 2 years ago, the accident being followed by recurrent attacks of pain and swelling; the present attack had lasted 9 weeks. Lower end of tibia expanded, tenderness slight, and ankle-joint free. Explored, much periosteal bone gouged away, exposing a small abscess in lower end of tibia, separated from the ankle-joint by a thin shell of



bone. Temperature began to rise next day, followed by thrombosis of internal saphenous vein, which was ligatured and divided in the thigh on the 4th day. Jaundiced on 8th day, with redness of left elbow-joint. Temperature high, but no rigors. Death on 10th day after operation. P.M.—Internal saphenous vein full of pus as far as point of division in the groin; femoral and iliac veins normal. Pus in left ankle-joint, but no communication made out with abscess cavity in tibia. Serum in both pleuræ, and lower lobe of right lung studded with pyæmic infarcts; spleen very large; kidneys much swollen and congested.

*Cellulitis of leg.*—Male, æt. 62. Kicked on leg 5 weeks before admission. A swelling formed and burst, discharging pus. Skin became more and more undermined. On admission, the whole of the skin of right lower extremity from hip to heel was separated from the deeper parts on outer and posterior sides. Several openings in this discharged freely, and there was a large bed sore over the sacrum. Incised freely; considerable sloughing of skin ensued. On 84th day a rigor occurred, temperature being  $104\frac{1}{6}^{\circ}$ . Next day fluid noticed in right knee-joint, which on aspiration proved to be pus, so joint freely opened and drained. Temperature continued high and irregular, with 3 other rigors, after last of which patient died on 93rd day. Numerous large bed sores on back and limbs. P.M.—Small quantity of pus in right knee-joint; cartilages softened, with partial denudation of bone. Two minute abscesses under capsule of left kidney. Lung deeply congested; some fluid in both pleuræ.



SPECIAL TABLE IV.—*Fractures and Dislocations treated*

BONE.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Not stated.
<b>DISLOCATIONS.</b>											
<i>Inferior maxilla</i> . . . .	3	1	...	...	...	1	...	2	...	1	...
<i>Clavicle</i> —											
Sternal end . . . .	...	1	...	...	...	1	...	...	...	...	...
Acromial end . . . .	4	2	...	...	2	1	2	...	...	1	...
<i>Humerus</i> . . . . .	25	15	...	...	1	5	2	13	7	11	1
<i>Radius and Ulna</i> . . . .	28	5	...	12	14	3	1	2	1	...	...
<i>Ulna</i> . . . . .	...	1	...	1	...	...	...	...	...	...	...
<i>Radius</i> . . . . .	3	1	2	...	1	1	...	...	...	...	...
Subluxation . . . .	1	...	1	...	...	...	...	...	...	...	...
<i>Metacarpal</i> . . . . .	2	...	...	...	...	1	1	...	...	...	...
<i>Thumb</i> —											
First phalanx . . . .	6	2	1	2	...	1	2	2	...	...	...
Second phalanx . . . .	4	...	...	...	...	...	...	2	2	...	...
Compound . . . . .	1	...	...	...	...	...	...	...	1	...	...
<i>Fingers</i> . . . . .	7	2	1	2	1	1	1	...	2	1	...
Compound . . . . .	3	...	...	1	...	1	1	...	...	...	...
<i>Patella</i> . . . . .	1	...	...	...	1	...	...	...	...	...	...
<b>FRACTURES.</b>											
<i>Frontal bone</i> . . . . .	1	...	1	...	...	...	...	...	...	...	...
<i>Malar bone</i> . . . . .	1	...	...	...	...	1	...	...	...	...	...
<i>Nasal bones</i> . . . . .	6	...	...	...	...	...	4	2	...	...	...
<i>Inferior maxilla</i> . . . .	6	...	...	...	1	4	1	...	...	...	...
<i>Ribs</i> . . . . .	76	20	...	...	2	8	14	33	21	14	4
<i>Scapula</i> . . . . .	3	2	3	...	1	1	...	...	...	...	...
<i>Clavicle</i> . . . . .	65	42	47	11	14	13	9	4	5	4	...
<i>Humerus</i> —											
Surgical neck . . . .	8	7	1	...	1	2	2	4	1	4	...

*in Casualty Department, not admitted to Wards.*

Side of body.			Remarks.
R.	L.	Not stated.	
...	3	1	Third time of dislocation 1.
...	1	...	Upward and forward.
5	1	...	Directly upward in all.
18	22	...	Subcoracoid 35, direct violence 3, previous dislocation 2; subglenoid 4; partial subspinous 1.
10	23	...	Backward 17; backward and outward 15; backward and inward 1. Fracture external condyle 2, internal condyle 3; fracture of coronoid process noted in 2.
1	...	...	Backward.
1	3	...	All of upper end forward.
...	1	...	
2	...	...	1st 1; 5th 1; dislocation recurred after reduction 1.
4	4	...	
1	3	...	
1	...	...	Of ungual phalanx.
5	4	...	1st phalanx 3; 2nd 5; 3rd 1.
1	2	...	1st phalanx 1; 2nd 1; 3rd 1.
...	1	...	Direct violence.
...	1	...	Depressed fracture. Refused admission.
...	1	...	Cricket-ball.
3	...	3	
2	1	3	
45	49	2	2nd 1; 3rd 2; 5th 4; 6th 8; 7th 6; 8th 6; 9th 5; 10th 8; 11th 3; 12th 1; multiple 30; unstated 22; emphysema 1.
2	...	...	Of spine 1; of coracoid process 2.
52	55	...	Sternal end 2; acromial end 13; between ligaments 3; greenstick 17; comminuted 4; compound 1.
5	10	...	Probably partial anatomical neck 1; ? anatomical neck 1.

SPECIAL TABLE IV.—*Fractures and Dislocations treated in*

BONE.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+ 60	Not stated.
<b>FRACTURES—continued.</b>											
<i>Humerus (continued)—</i>											
Shaft . . . . .	16	6	7	1	6	3	2	2	1	...	...
Lower extremity . . .	13	6	2	9	3	1	2	...	1	...	1
Separation of epiphysis .	11	1	3	7	2	...	...	...	...	...	...
Not stated . . . . .	3	1	3	1	...	...	...	...	...	...	...
<i>Radius and Ulna—</i>											
Middle third . . . . .	15	8	13	3	6	1	...	...	...	...	...
Lower third . . . . .	7	3	3	6	...	...	...	...	1	...	...
Not stated . . . . .	13	6	7	7	4	...	...	...	1	...	...
<i>Ulna—</i>											
Olecranon . . . . .	3	...	...	...	2	...	...	...	1	...	...
Upper third . . . . .	...	1	1	...	...	...	...	...	...	...	...
Middle third . . . . .	3	...	...	1	1	1	...	...	...	...	...
Lower third . . . . .	2	2	...	...	...	2	2	...	...	...	...
Not stated . . . . .	2	2	1	2	...	1	...	...	...	...	...
<i>Radius—</i>											
Upper third . . . . .	6	4	4	3	2	1	...	...	...	...	...
Middle third . . . . .	14	5	5	4	3	1	4	1	1	...	...
Lower third . . . . .	34	49	2	6	14	5	12	16	16	12	...
Not stated . . . . .	10	5	6	3	2	3	1	...	...	...	...
<i>Metacarpus</i> . . . . .	34	8	4	1	6	15	7	2	2	3	2
<i>Phalanges</i> . . . . .	22	4	1	1	5	6	9	1	2	1	...
<i>Femur</i> . . . . .	...	1	1	...	...	...	...	...	...	...	...
<i>Tibia and Fibula</i> . . .	2	5	2	1	...	1	2	...	...	...	1
<i>Tibia</i> . . . . .	12	5	2	4	1	2	4	3	...	1	...
<i>Fibula</i> . . . . .	30	10	...	3	1	10	17	6	1	2	...
<i>Metatarsus</i> . . . . .	5	...	...	...	...	...	3	...	1	1	...
<i>Phalanges</i> . . . . .	8	...	..	...	2	1	3	1	...	...	1

*Casualty Department, not admitted to Wards—continued.*

Side of body.			Remarks.
R.	L.	Not stated.	
12	10	...	Greenstick 1; also radius and ulna 1.
8	11	...	Of internal condyle 4; of external condyle 5.
6	6	...	Whole lower end 7; internal condyle 4; external condyle 1.
1	3	...	
12	11	...	Greenstick 10; compound greenstick 1; compound 1.
5	5	...	Greenstick 5.
10	9	...	Greenstick 9.
1	2	...	
1	...	...	
2	1	...	Dislocation of radius 1.
2	2	...	
...	4	...	Greenstick 2.
7	3	...	Greenstick 2.
10	9	...	Greenstick 5; impacted 1.
36	46	1	Greenstick 2; separation of epiphysis 3; impacted 13; Colles' 51.
8	7	...	Greenstick 6.
27	14	1	1st 12; 2nd 7 (compound 1); 3rd 3 (compound 1); 4th 3 (compound 1); 5th 9 (compound 2); 3rd and 4th 3; 4th and 5th 2; multiple 1; unstated 2.
16	10	...	Compound 17.
1	...	...	Middle third.
4	3	...	Lower third 1; upper third 1; Pott's 1; greenstick 2.
7	10	...	Middle third 3; lower third 6; internal malleolus 6; unstated 2.
22	18	...	Middle third 4; lower third 27; unstated 9.
3	2	...	1st 1; 2nd 1; 3rd 2; 5th 1.
3	4	1	Compound 2.





# SURGICAL REPORT.

1893.

By F. C. ABBOTT, M.S., M.B., B.Sc.

## *General Surgical Statement.*

Number of surgical beds . . . . .	241
„ of surgical patients in hospital, January 1st, 1893	{ Males 141 Females 81
„ „ „ „ December 31st, 1893	{ Males 127 Females 82
„ „ „ treated to a termination in 1893 . . .	2916

	Total.	Males.	Females.
Discharged cured . . . . .	2040	1343	697
„ relieved . . . . .	513	317	196
„ unrelieved . . . . .	155	93	62
Died . . . . .	208	132	76
Totals . . . . .	2916	1885	1031

Average number of days in the hospital—25·25.

Death rate—7·13 per cent.

(Ophthalmic cases are not included in the above statement.)



according to authorised Nomenclature.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts 9-12	Mts +12		C.	R.	U.	D.	
11	43	12	6	3	...	...	...	...	65	...	...	10		Pyæmia 2. See Special Table III.
1	...	...	...	...	...	...	...	...	...	...	...	1		See Special Summary.
...	...	...	1	...	...	...	...	...	...	...	...	1		
...	2	3	...	...	...	...	...	...	2	2	...	1		Fatal: epiphysitis of humerus.
...	4	1	...	...	...	...	...	...	2	3	...	...		Readmission 1. Phagedæna in all.
...	3	7	13	...	1	...	...	...	16	8	...	...		
1	...	...	1	...	...	...	...	...	1	1	...	...		
...	6	5	3	1	...	...	...	...	7	7	1	...		
2	6	18	11	...	...	...	...	...	29	1	4	3		Readmission 1. Pyæmia 1.
...	2	1	...	...	...	...	...	...	3	...	...	...		
...	...	1	1	...	...	...	...	...	1	1	...	...		
1	...	...	...	...	...	...	...	...	...	...	...	1		See Special Summary.
...	...	...	1	...	...	...	...	...	...	...	...	1		
...	...	...	1	...	...	...	...	...	...	1	...	...		Secondary to glandular carcinoma of eyelid.
...	...	1	...	...	...	...	...	...	1	...	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	...		
4	4	2	4	2	...	...	...	...	4	3	5	4		Transferred to Medical ward 1.
...	1	...	...	...	...	...	...	...	...	...	1	...		
...	...	1	...	...	...	...	...	...	...	1	...	...		
...	1	1	...	...	...	...	...	...	1	1	...	...		Both secondary.
1	1	2	1	...	...	...	...	...	4	...	1	...		
...	...	1	...	...	...	...	...	...	...	1	...	...		Fifth recurrence.
...	...	3	1	...	...	...	...	...	1	2	...	1		Erysipelas 1.
1	2	3	2	...	...	...	...	...	4	2	1	1		Readmission 1.
...	...	...	2	...	...	...	...	...	...	1	1	...		
...	...	...	1	...	...	...	...	...	...	1	...	...		
...	1	...	...	...	...	...	...	...	...	1	...	...		
3	1	...	...	...	...	...	...	...	...	4	...	...		Readmission 1.
3	4	3	2	2	...	...	...	...	9	1	4	...		Readmissions 2.
...	...	...	1	...	...	...	...	...	...	1	...	...		Renal calculus.
...	...	2	...	...	...	...	...	...	...	2	...	...		
...	...	1	1	...	...	...	...	...	...	2	...	...		
...	...	2	...	...	...	...	...	...	...	2	...	...		
...	...	...	1	...	...	...	...	...	...	1	...	...		
...	1	1	1	...	...	...	...	...	1	1	1	...		
...	1	...	...	...	...	...	...	...	...	1	...	...		
...	...	1	1	...	...	...	...	...	...	2	...	...		
...	...	...	1	...	...	...	...	...	...	1	...	...		



according to *authorisea Nomenclature*—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	...	1	...	...	...	
...	...	2	...	...	...	...	...	...	...	1	1	...	...	
1	4	1	2	...	...	...	...	...	...	8	...	...	...	Erysipelas 1.
...	...	...	1	...	...	...	...	...	...	...	...	...	1	Osteo-sarcoma of roof of orbit.
...	1	...	...	...	...	...	...	...	...	1	...	...	1	Myeloid.
...	1	1	...	...	...	...	...	...	...	1	...	...	1	
...	...	2	...	...	...	...	...	...	...	2	...	...	...	Both myeloid.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	Pulsating sarcoma.
...	...	...	2	1	...	...	...	...	...	3	...	...	...	Periosteal 2, central 1.
...	...	...	...	1	...	...	...	...	...	1	...	...	...	Myeloid. Osteitis deformans.
...	1	...	1	...	...	...	...	...	...	2	...	...	...	Naso-pharynx involved in both.
...	...	...	...	...	1	...	...	...	...	1	...	...	...	Round-celled.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	Myxo-sarcoma.
...	1	...	1	...	...	...	...	...	...	1	...	1	...	Both round-celled.
...	1	1	1	...	...	...	...	...	...	3	...	...	...	Spindle-celled 1, round-celled 2.
1	1	...	2	...	...	...	...	...	...	1	3	...	...	Nature undetermined in all.
1	...	...	...	...	...	...	...	...	...	...	1	...	...	Nature undetermined.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	Both melanotic.
1	3	1	...	...	...	...	...	...	...	5	...	...	...	
2	1	1	...	...	...	...	...	...	...	4	...	...	...	All of superior maxilla.
...	1	1	...	...	...	...	...	...	...	...	2	...	...	Previous ovariectomy 1.
...	4	2	...	...	...	...	...	...	...	6	...	...	...	All nasal or naso-pharyngeal.
...	13	6	...	...	...	...	...	...	...	19	...	...	...	
1	...	1	...	...	...	...	...	...	...	1	1	...	...	? Supernumerary auricle 1.
...	1	...	1	...	...	...	...	...	...	2	...	...	...	Recurrent 1.
2	1	...	1	...	...	...	...	...	...	2	1	1	...	Multiple 1, humerus 1, subungual 1.
6	...	1	...	...	...	...	...	...	...	6	1	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	Congenital.
...	4	3	1	...	...	...	...	...	...	5	2	1	...	Multiple 2.
1	2	...	1	...	...	...	...	...	...	4	...	...	...	Rectal 3, aural 1.
...	3	2	1	...	...	...	...	...	...	6	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Typical mixed tumour.
...	1	...	...	...	...	...	...	...	...	1	...	...	...	Adeno-fibroma.
2	2	...	...	...	...	...	...	...	...	4	...	...	...	All of breast. Myxo-adenoma 1.
...	...	1	...	...	...	...	...	...	...	...	1	...	...	Congenital.
2	1	3	...	...	...	...	...	...	...	6	...	...	...	





according to authorised *Nomenclature*—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts 1-2	Mts 2-4	Mts 4-6	Mts 6-9	Mts 9-12	Mts. +12		C.	R.	U.	D.	
...	...	...	1	...	...	...	...	...	...	...	...	1	...	Congenital cyst of cheek.
...	1	...	...	...	...	...	...	...	...	...	...	1	...	Thigh.
...	...	...	...	...	1	...	...	...	...	...	1	...	...	See Special Summary.
1	...	1	...	...	...	...	...	...	...	2	...	...	...	Scalp 1, abdominal wall 1.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Congenital multilocular.
...	2	...	...	...	...	...	...	...	...	1	...	1	...	Refused operation 1.
...	2	...	...	...	...	...	...	...	...	1	1	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	2	...	2	...	...	...	...	...	...	2	...	1	1	See under Carcinoma one other.
...	...	1	...	2	...	...	...	...	...	3	...	...	...	Suppurating 1.
...	...	1	...	...	...	...	...	...	...	...	...	1	...	Myxoma. Laminectomy, spinal meningitis.
...	1	...	...	...	...	...	...	...	...	...	...	1	...	Transfer from Ophthalmic ward after operation for sarcoma of orbit.
...	...	...	1	...	...	...	...	...	...	...	...	1	...	Cranial and spinal.
...	...	...	2	1	...	...	...	...	...	2	...	1	...	1 case of each division of 5th nerve.
...	...	...	1	...	...	...	...	...	...	...	...	1	...	Subclavian artery pushed forward, probably by cervical rib.
...	...	1	1	...	...	...	...	...	...	1	1	...	...	
...	...	...	1	...	...	...	...	...	...	...	...	1	...	Dislocation of shoulder 9 months.
...	...	...	1	...	...	...	...	...	...	...	...	1	...	Involvement of nerve in callus.
...	...	2	...	...	...	...	...	...	...	1	1	...	...	Division 1; constriction by band 1.
...	1	...	...	...	...	...	...	...	...	...	...	1	...	Due to outward dislocation of elbow.
...	...	...	...	...	1	...	...	...	...	...	...	1	...	Partial rupture. Resection and suture.
1	1	2	2	...	...	...	...	...	...	4	1	...	1	Fatal : of cœliac axis with rupture into mesentery.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	Bend of elbow.
...	6	30	18	...	...	...	...	...	...	51	1	2	...	Varicocele also in 6.
4	16	24	5	...	...	...	...	...	...	43	...	6	...	Left inguinal hernia and radical cure 1.
...	2	4	...	...	...	...	...	...	...	6	...	...	...	Suppuration 2.
...	1	1	...	...	...	...	...	...	...	1	1	...	...	Both of axillary vein.
2	...	...	...	...	...	...	...	...	...	1	1	...	...	Ulcers 1.
...	1	...	4	...	...	...	...	...	...	3	...	2	...	Upper extremity 2; lower 3.
1	3	2	3	...	...	...	...	...	...	2	2	5	...	Readmission 1.
...	...	1	...	...	...	...	...	...	...	...	...	1	...	
...	2	1	...	...	...	...	...	...	...	2	1	...	...	In cicatricial larynx 1.
...	...	2	...	...	...	...	...	...	...	...	2	...	...	
...	...	...	...	1	...	...	...	...	...	1	...	...	...	Broken tracheotomy tube in trachea.

TABLE I.—*Abstract, showing Diseases, &c., in Classes,*

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts 1-2	Mts 2-6	Mts 6-12	Chronic.	Not known.
RESPIRATORY SYSTEM—con-																		
tinued.																		
Papillomata of larynx	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Stenosis of larynx	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
Foreign body in larynx	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Apical empyema	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
Old empyema	1	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	2	...
DUCTLESS GLANDS.																		
Bronchocele	...	4	...	...	4	...	...	...	...	...	...	...	...	...	...	1	3	...
LYMPHATIC SYSTEM.																		
Lymphangitis	6	6	1	...	2	5	2	1	1	...	7	3	2	...	...	...	...	...
Spurious elephantiasis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Simple adenitis	2	6	2	...	...	3	2	...	1	...	...	4	3	...	...	1	...	...
Tubercular adenitis	22	23	2	5	19	14	3	...	2	...	...	...	...	2	11	5	27	...
DIGESTIVE SYSTEM.																		
Stomatitis	1	2	1	1	...	...	1	...	...	...	1	1	...	1	...	...	...	...
Cancrum oris	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Parotitis	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Impacted salivary calculus	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Acute glossitis	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
Tonsillar abscess	2	...	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...
Spasmodic stricture of œso-	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
phagus																		
Foreign body in œsophagus	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
Hernia—																		
Inguinal, reducible	65	14	2	5	27	28	10	3	3	1	...	7	1	5	9	7	46	4
Do., chronic irreducible	7	...	1	...	...	3	1	...	2	...	...	1	...	1	...	4	1	...
Do., inflamed	3	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	3	...
Do., strangulated	35	...	4	1	4	8	7	5	1	5	33	1	1	...	...	...	...	...
Femoral, reducible	1	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2	...
Do., chronic irreducible	1	3	...	...	...	...	1	2	1	...	...	...	1	...	...	1	2	...
Do., strangulated	5	22	...	...	...	2	4	4	6	11	22	3	2	...	...	...	...	...
Umbilical, reducible	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...
Do., chronic irreducible	1	1	1	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...
Do., inflamed	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Do., strangulated	1	4	...	...	...	...	2	...	1	2	4	1	...	...	...	...	...	...
Acute intestinal obstruction	...	2	...	...	...	...	...	1	...	1	1	1	...	...	...	...	...	...
Acute peritonitis	1	1	...	1	...	1	...	...	...	...	...	1	1	...	...	...	...	...
Appendicitis	1	1	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...
Paralysis of sigmoid colon	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhoids	28	17	...	...	1	11	18	11	3	1	...	...	2	2	4	3	34	...
Do. (prolapsed)	3	1	...	...	...	...	2	2	...	...	2	2	...	...	...	...	...	...
Fistula in ano	26	7	...	...	...	9	9	8	4	3	...	...	2	8	11	3	8	1

according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	...	1	1	...	...	...	...	1	...	1	...	...	Same case.
...	...	...	...	1	...	...	...	...	1	...	...	...	...	Piece of carrot.
1	...	...	...	1	...	...	...	...	1	...	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	...	
...	...	1	1	...	...	...	...	...	1	...	...	...	1	Fatal: old and recent cerebral abscesses.
...	1	2	...	1	...	...	...	...	1	1	1	1	1	Fatal: purulent fluid in left pleura.
1	6	1	3	1	...	...	...	...	12	...	...	...	...	
...	...	...	1	...	...	...	...	...	...	...	1	...	...	Cause not determined.
1	1	3	2	1	...	...	...	...	7	...	1	...	...	Rötheln.
...	11	30	3	1	...	...	...	...	36	7	1	1	1	Readmissions 2. Fatal: tubercular cerebral abscesses.
1	2	...	...	...	...	...	...	...	3	...	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	1	...	
1	...	...	...	...	...	...	...	...	...	...	1	...	...	Transferred to Medical ward.
1	...	...	...	...	...	...	...	...	1	...	...	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	...	Death in few hours. No P.M.
1	1	...	...	...	...	...	...	...	2	...	...	...	...	
...	...	...	1	...	...	...	...	...	...	...	...	...	1	See Special Summary.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Plate of false teeth; extracted.
1	9	36	31	2	...	...	...	...	67	5	6	1	1	See Special Table I.
...	2	1	4	...	...	...	...	...	5	1	1	...	...	
...	2	...	...	1	...	...	...	...	1	1	...	1	...	
12	4	9	10	...	...	...	...	...	30	...	...	5	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	...	
...	...	2	2	...	...	...	...	...	4	...	...	...	...	
4	4	14	5	...	...	...	...	...	22	1	...	4	...	
...	1	...	1	...	...	...	...	...	1	...	1	...	...	
1	...	...	1	...	...	...	...	...	1	...	...	1	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
4	...	1	...	...	...	...	...	...	1	1	...	3	...	
2	...	...	...	...	...	...	...	...	...	...	2	...	...	Both strangulation by bands.
1	1	...	...	...	...	...	...	...	1	...	...	1	...	Fatal: perforation of small intestine.
...	...	1	1	...	...	...	...	...	2	...	...	...	...	Suppuration 1.
...	...	...	1	...	...	...	...	...	...	...	...	1	...	Cause doubtful.
4	2	30	9	...	...	...	...	...	38	1	5	1	...	Fatal: carcinoma of sigmoid flexure.
...	2	2	...	...	...	...	...	...	2	2	...	...	...	
2	8	15	6	2	...	...	...	...	30	1	2	...	...	Ascites 1.

TABLE I.—*Abstract, showing Diseases, &c., in Classes,*

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic	Not known.
<b>DIGESTIVE SYSTEM — con-</b>																		
<i>tinued.</i>																		
Fissure in ano . . .	3	3	...	...	...	3	1	2	...	...	...	...	...	1	2	1	1	1
Stricture of rectum . .	...	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...
Incontinence of fæces .	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...
Fæcal fistula . . .	1	1	...	...	1	...	...	...	...	1	...	...	...	...	1	...	1	...
Swallowed foreign body .	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Impacted biliary calculi	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
<b>GENITO-URINARY SYSTEM.</b>																		
Phimosis . . .	7	...	3	1	...	1	...	1	...	1	...	...	1	...	...	1	5	...
Gonorrhœa . . .	...	19	...	...	12	6	1	...	...	...	...	3	5	6	3	1	...	1
Gonorrhœal warts . . .	1	3	...	...	3	1	...	...	...	...	...	...	...	1	3	...	...	...
Soft chancres . . .	...	2	...	...	...	2	...	...	...	...	...	...	1	1	...	...	...	...
Sore on frænum . . .	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Urethral caruncle . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Vulvitis . . .	...	2	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Desquamative membranous urethritis . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...
Stricture of urethra . .	16	...	...	...	...	1	3	4	7	1	...	1	...	1	2	2	10	...
Retention of urine . . .	28	...	1	...	...	1	12	3	3	8	25	3	...	...	...	...	...	...
Extravasation of urine .	5	...	1	...	...	...	...	1	...	3	3	1	1	...	...	...	...	...
Incontinence of urine .	1	2	...	2	1	...	...	...	...	...	...	...	...	1	...	...	2	...
Acute prostatitis . . .	5	...	...	...	...	4	1	...	...	...	...	4	1	...	...	...	...	...
Tubercular prostatitis .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
Enlarged prostate . . .	4	...	...	...	...	...	...	1	...	3	...	...	...	...	1	...	3	...
Cystitis . . .	6	...	...	...	1	1	...	3	...	1	...	...	1	1	...	1	3	...
Hæmaturia . . .	4	1	...	...	1	2	1	1	...	...	2	1	...	1	...	1	...	...
Urinary fistula—																		
Penile . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Perinæal . . .	6	...	...	...	1	...	2	2	...	1	...	...	...	1	2	...	3	...
Recto-urethral . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Supra-pubic . . .	1	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
Lumbar . . .	2	1	...	...	...	...	2	1	...	...	...	...	...	...	...	...	3	...
Calculus—																		
Urethral . . .	2	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...	...
Vesical . . .	5	1	...	...	...	1	...	...	3	2	...	...	...	...	2	...	4	...
Renal . . .	2	1	...	...	...	1	1	...	...	1	...	...	...	1	...	...	2	...
Nephralgia . . .	5	...	...	...	...	2	1	...	2	...	...	...	...	1	1	1	2	...
Dilated ureter . . .	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Hydronephrosis . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Pyonephrosis . . .	2	1	...	...	...	...	2	1	...	...	1	1	...	...	...	...	1	...
Tubercular kidney . . .	1	4	...	1	...	2	2	...	...	...	...	...	...	...	1	1	3	...



according to authorised *Nomenclature*—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. 12-18	Mts. 18-24	C.	R.	U.	D.	
...	2	4	...	...	...	...	...	...	...	6	...	...	...	Rectal polypus 2.
...	...	2	...	...	...	...	...	...	...	2	...	...	...	Both annular.
...	1	1	...	...	...	...	...	...	...	1	1	...	...	Both after operation.
...	...	1	1	...	...	...	...	...	...	1	...	...	1	Fatal: abscess and septic thrombosis.
1	...	...	...	...	...	...	...	...	...	...	1	...	...	History of swallowing a marble.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	In cystic duct.
1	3	2	1	...	...	...	...	...	...	6	...	1	...	Fatal: erysipelas.
...	2	8	7	2	...	...	...	...	...	19	...	...	...	Soft chancres 4.
...	2	1	1	...	...	...	...	...	...	4	...	...	...	
...	1	1	...	...	...	...	...	...	...	2	...	...	...	
1	...	...	...	...	...	...	...	...	...	1	...	...	...	After circumcision.
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	2	...	...	...	...	...	...	...	2	...	...	...	Rickets 1.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
2	4	5	5	...	...	...	...	...	...	7	5	...	4	Fatal: pyæmia 1; uræmia 1; surgical kidneys 1; extravasation 1.
5	7	11	4	1	...	...	...	...	...	14	13	...	1	Fatal: surgical kidneys and hypostatic pneumonia.
1	...	1	2	1	...	...	...	...	...	2	2	...	1	Fatal: much sloughing.
...	2	1	...	...	...	...	...	...	...	1	...	2	...	
...	2	3	...	...	...	...	...	...	...	5	...	...	...	Readmission 1.
1	...	...	...	...	...	...	...	...	...	...	1	...	...	
...	2	1	...	1	...	...	...	...	...	3	...	1	...	Fatal: suppression of urine and uræmia.
...	2	2	...	2	...	...	...	...	...	1	4	...	1	Fatal: pyæmia, see Special Table III.
1	2	1	1	...	...	...	...	...	...	1	1	2	1	Fatal: pyæmia, see Special Table III.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
1	1	1	1	1	...	...	1	...	...	1	4	...	1	Readmission 1. Sudden death 1.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	After lateral lithotomy.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	After suprapubic lithotomy.
...	...	3	...	...	...	...	...	...	...	2	1	...	...	Previous nephrotomy in all.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	Both impacted.
...	...	3	2	1	...	...	...	...	...	4	...	2	...	Fatal: double pyonephrosis 1; suppression of urine 1.
...	...	...	1	1	1	...	...	...	...	3	...	...	...	
...	...	4	1	...	...	...	...	...	...	3	2	...	...	Exploration 2.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	See Special Summary.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
...	...	...	1	1	1	...	...	...	...	1	2	...	...	
1	2	...	2	...	...	...	...	...	...	1	3	1	...	Fatal: general tuberculosis.

TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys 1-4	Dys 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not known.
<b>GENITO-URINARY SYSTEM—</b>																		
<i>continued.</i>																		
Movable kidney . . . . .	3	...	...	...	...	...	2	1	...	...	...	...	...	...	...	1	2	...
Hydrocele of tunica vaginalis . . . . .	8	...	...	...	5	1	1	...	1	...	...	...	...	...	1	1	6	...
Hydrocele of cord . . . . .	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Congenital hydrocele . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmatocele . . . . .	2	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...	1	...
Partially descended testis . . . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Testis in perinæo . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Acute epididymitis and orchitis . . . . .	4	...	...	...	1	1	...	1	...	1	3	...	...	1	...	...	...	...
Syphilitic testis . . . . .	5	...	...	...	...	2	1	1	1	...	...	1	...	...	3	1	...	...
Tubercular testis . . . . .	9	...	...	...	2	1	4	2	...	...	...	...	...	2	4	1	2	...
Suppurative mastitis . . . . .	8	...	...	...	1	6	1	...	...	...	2	1	2	1	2	...	...	...
Interstitial mastitis . . . . .	3	...	...	...	...	...	1	1	1	...	...	...	1	1	...	1	...	...
Metrorrhagia . . . . .	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
Pelvic peritonitis . . . . .	2	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...	...
<b>OSSEOUS SYSTEM.</b>																		
<b>Acute epiphysitis—</b>																		
Humerus . . . . .	2	1	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
Pelvis . . . . .	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Femur . . . . .	2	6	6	2	...	...	...	...	...	...	3	3	1	1	...	...	...	...
Tibia . . . . .	2	2	2	...	2	...	...	...	...	...	2	2	...	...	...	...	...	...
Fibula . . . . .	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
<b>Tubercular epiphysitis—</b>																		
Humerus . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Tibia . . . . .	2	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
<b>Periostitis—</b>																		
Clavicle . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Tibia . . . . .	1	3	...	...	2	1	...	...	...	1	...	...	1	...	2	1	...	...
<b>Osteitis—</b>																		
Radius . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
<b>Caries—</b>																		
Pelvis . . . . .	3	4	...	1	1	2	2	...	1	...	...	...	...	...	3	...	4	...
Humerus . . . . .	3	1	1	...	2	1	...	...	...	...	...	...	...	1	...	1	2	...
Metacarpus and phalanges . . . . .	1	2	1	1	1	...	...	...	...	...	...	...	...	...	3	...	...	...
Femur . . . . .	5	2	1	1	3	...	1	1	...	...	1	...	...	1	2	1	2	...
Tibia . . . . .	7	4	1	2	4	4	...	...	...	...	...	...	2	...	1	4	4	...
Tarsus . . . . .	7	2	...	...	7	1	...	...	1	...	...	1	...	...	3	3	2	...
Metatarsus and phalanges . . . . .	1	2	...	...	3	...	...	...	...	...	...	...	...	1	2	...	...	...

according to authorised *Nomenclature*—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	2	...	1	...	...	...	...	...	1	...	2	...	...	Cardiac disease 1.
...	2	4	1	1	...	...	...	...	8	...	...	...	...	Double 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	Inflamed.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
...	...	...	2	...	...	...	...	...	2	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Sutured into scrotum.
...	3	1	...	...	...	...	...	...	3	1	...	...	...	Traumatic 1; gouty 1; gonorrhœal 1; cause doubtful 1.
...	1	2	2	...	...	...	...	...	3	2	...	...	...	Double 1.
...	2	5	2	...	...	...	...	...	7	1	1	...	...	Double 2.
...	4	3	1	...	...	...	...	...	8	...	...	...	...	
1	1	1	...	...	...	...	...	...	1	...	2	...	...	At own request 1.
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
...	2	...	...	...	...	...	...	...	...	1	1	...	...	Gonorrhœal 1; double salpingitis 1.
...	2	...	...	...	...	...	...	...	1	...	...	...	...	
...	...	...	1	...	...	...	...	...	...	...	...	...	...	Upper end in both. Fatal: pyæmia.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	Pyæmia.
...	2	5	...	1	...	...	...	...	2	3	...	3	...	Upper end 4, lower 4. Pyæmia 1.
...	2	...	1	...	...	1	...	...	2	2	...	...	...	Upper end 1, lower 3
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Lower end.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Upper end.
...	...	...	2	...	...	...	...	...	1	1	...	...	...	Same case. Upper end.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Gummatous.
1	2	1	...	...	...	...	...	...	3	1	...	...	...	Gummatous 1.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	? Tubercular.
...	1	2	3	1	...	...	...	...	6	...	1	...	...	Sacrum 3. Fatal: septicæmia.
...	2	...	2	...	...	...	...	...	2	1	1	...	...	Radius and ulna also 1.
...	...	2	...	1	...	...	...	...	...	3	...	...	...	
...	...	2	3	2	...	...	...	...	2	5	...	...	...	
1	1	3	3	3	...	...	...	...	5	6	...	...	...	Astragalus also 1.
1	...	1	2	2	2	1	...	...	7	2	...	...	...	Readmissions 2.
...	2	...	1	...	...	...	...	...	...	3	...	...	...	Readmission 1.



according to authorised *Nomenclature*—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Double, both trephined.
...	...	...	2	...	...	...	...	...	2	...	...	...	...	
...	...	...	1	1	...	...	...	...	1	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	1	1	1	...	...	...	...	2	...	...	...	
...	...	1	...	1	...	...	...	...	1	1	...	...	...	
...	...	3	1	...	...	1	...	...	5	...	...	...	...	Readmissions 2.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	Parotid fistula.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	2	2	...	...	...	...	...	...	2	2	...	...	...	Syphilitic 1.
2	9	7	2	...	...	...	...	...	14	5	1	...	...	Readmissions 2.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	2	2	...	...	...	...	...	...	3	1	...	...	...	
...	...	1	2	4	...	1	...	...	2	5	...	1	...	Fatal: lardaceous disease.
...	...	2	2	1	1	...	...	...	6	...	...	...	...	Congenital syphilis 1.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Carpus also.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	2	2	1	...	...	...	...	5	...	...	...	...	Popliteal 1.
...	...	...	2	1	...	...	...	...	3	...	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Previous tarsectomy. Pirogoff's amputation.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Fibrous.
...	2	3	1	2	1	...	...	...	4	4	1	...	...	Readmissions 3.
...	1	1	1	1	...	...	...	...	3	1	...	...	...	All fibrous.
...	...	1	1	1	...	...	...	...	3	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Fibrous.
...	...	1	3	1	1	...	...	...	6	...	...	...	...	Spinal caries 2.
2	4	8	11	7	3	2	1	2	233	2	3	...	...	Readmissions 6. Double 1. Spinal caries 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	New boot and support.
...	1	...	6	1	...	...	...	...	4	2	2	...	...	Fibrous 5; osseous 3.
1	...	3	7	13	3	...	...	...	17	10	...	...	...	Readmissions 3.
...	...	1	...	...	1	...	...	...	1	1	...	...	...	Wound 1; probably epiphysitis 1.



TABLE I.—Abstract, showing Diseases, &amp;c., in Classes,

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic.	Not known.
ARTICULAR SYSTEM — <i>continued.</i>																		
Knee ( <i>continued</i> )—																		
Gonorrhœal arthritis	2	3	...	...	2	3	...	...	...	...	...	2	2	...	...	...	1	...
Osteo-arthritis	1	1	...	...	...	1	1	...	...	...	...	...	...	...	1	...	1	...
Charcot's disease	1	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...
Synovitis	2	3	...	...	1	3	...	1	...	...	1	1	1	1	1	...	1	...
Hysterical	1	3	...	1	1	1	1	...	...	...	...	1	1	1	1	...	...	...
Lateral mobility	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Internal derangement	3	1	...	...	1	2	1	...	...	...	...	...	3	...	...	...	1	...
Old excision	1	1	...	...	1	...	1	...	...	...	...	...	...	...	...	1	1	...
Ankylosis	5	4	...	2	3	1	3	...	...	...	...	...	...	1	1	...	7	...
Ankle—																		
Tubercular arthritis	7	5	4	2	3	1	2	...	...	...	...	...	1	2	8	1	...	...
Metatarso-phalangeal—																		
Tubercular arthritis	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Osteo-arthritis	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Gouty arthritis	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Hysterical	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Multiple—																		
Tubercular arthritis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Gonorrhœal arthritis	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
Ankylosis	...	2	...	...	...	1	...	1	...	...	...	...	...	1	...	...	1	...
DISEASES OF MIDDLE EAR AND COMPLICATIONS.																		
Otitis externa	2	1	...	1	2	...	...	...	...	...	3	...	...	...	...	...	...	...
„ media	15	6	3	2	8	3	3	1	1	...	3	2	6	3	...	...	6	1
Mastoid suppuration and caries	10	16	8	8	3	4	2	...	1	...	...	1	3	4	5	1	12	...
Thrombosis of lateral sinus.	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Subdural abscess	2	...	1	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...
Cerebral abscess	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
DISEASES OF SPINE.																		
Cervical caries	2	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	2	...
Dorsal caries	9	4	3	2	2	4	1	...	1	...	...	...	...	1	...	3	8	1
Dorsi-lumbar caries	6	2	2	...	3	1	...	2	...	...	...	...	...	2	1	5	...	...
Lumbar caries	7	5	...	3	5	...	4	...	...	...	...	1	1	2	3	5	...	...
Lateral curvature	1	2	...	...	2	...	1	...	...	...	...	...	...	...	...	...	3	...
DISEASES OF BURSE AND TENDON SHEATHS.																		
Acute bursitis	6	15	...	...	10	7	3	1	...	...	10	9	2	...	...	...	...	...
Tubercular bursitis	2	1	1	1	1	...	...	...	...	...	...	1	...	1	...	1	...	...

according to authorised *Nomenclature*—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	2	2	...	1	...	...	...	...	2	3	...	...	...	Double 1.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	
...	1	...	1	...	...	...	...	...	...	1	1	...	...	Amputation of thigh 1.
...	4	1	...	...	...	...	...	...	3	2	...	...	...	
2	1	1	...	...	...	...	...	...	3	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Old hip disease.
...	...	3	...	...	1	...	...	...	1	1	2	...	...	Operation in 2.
...	1	...	1	...	...	...	...	...	...	2	...	...	...	
2	1	...	3	2	...	1	...	...	6	2	1	...	...	Fibrous 3; osseous 6.
...	1	3	5	3	...	...	...	...	6	6	...	...	...	Readmissions 2.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Large concretion of urate of soda.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	...	Hips and knee.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Shoulders, elbow, and knee.
...	...	...	1	1	...	...	...	...	2	...	...	...	...	
1	1	1	...	...	...	...	...	...	3	...	...	...	...	Foreign body in meatus 2.
1	16	4	...	...	...	...	...	...	7	13	1	...	...	Double 5.
1	3	14	8	...	...	...	...	...	19	4	...	3	...	Fatal: suppurative meningitis 2; tubercular kidney 1.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Ligature of internal jugular vein.
...	2	...	...	...	...	...	...	...	...	...	2	...	...	Pyæmia in both.
...	...	1	...	...	...	...	...	...	...	...	1	...	...	Temporo-sphenoidal and cerebellar.
...	...	2	...	...	...	...	...	...	...	2	...	...	...	
1	2	2	4	3	1	...	...	...	11	2	...	...	...	Dorsal abscess 2, psoas 3, iliac 1, lumbar 1; sinuses 2.
...	1	...	2	4	1	...	...	...	1	6	1	...	...	Psoas abscess 5, lumbar 1. Readmission 1.
...	...	3	7	...	1	1	...	...	1	11	...	...	...	Lumbar abscess 4, psoas 4, iliac 1; sinuses 2.
...	...	...	3	...	...	...	...	...	...	3	...	...	...	
...	10	8	3	...	...	...	...	...	21	...	...	...	...	Olecranon 2, patella 17, tubercle of tibia 1.
...	...	1	2	...	...	...	...	...	3	...	...	...	...	Gluteal 1, subtriceps 1, subcrureus 1.

TABLE I.—*Abstract, showing Diseases, &c., in Classes,*

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts 1-2	Mts 2-6	Mts 6-12	Chronic.	Not known.
<b>DISEASES OF BURSE AND TENDON SHEATHS—continued.</b>																		
Enlarged bursæ . . . . .	2	9	...	...	4	4	2	1	...	...	...	...	2	1	1	2	5	...
Ganglion of tendon sheaths . . . . .	...	5	...	...	1	3	...	1	...	...	1	...	...	...	1	...	3	...
Tuberculosis of tendon sheaths . . . . .	4	2	...	1	3	...	2	...	...	...	...	...	...	...	3	...	3	...
<b>DEFORMITIES.</b>																		
Torticollis . . . . .	2	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...
Genu valgum . . . . .	4	5	...	2	7	...	...	...	...	...	...	...	...	...	...	2	7	...
„ varum . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Talipes equinus . . . . .	3	3	...	5	...	...	...	1	...	...	...	...	...	...	...	1	5	...
„ equino-varus . . . . .	5	9	10	3	1	...	...	...	...	...	...	...	...	...	...	3	11	...
„ varus . . . . .	6	2	4	3	1	...	...	...	...	...	...	...	...	...	...	...	8	...
„ valgus . . . . .	2	3	...	1	4	...	...	...	...	...	...	...	...	...	1	...	4	...
Pes cavus . . . . .	2	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...
Pes planus . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Claw foot . . . . .	...	2	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...
Hallux valgus . . . . .	1	2	...	...	...	1	1	...	...	1	...	...	...	...	...	1	2	...
„ flexus . . . . .	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	1	...
Hammer-toe . . . . .	9	2	...	...	7	4	...	...	...	...	...	...	...	...	1	...	10	...
Hypertrophy of toe-nails . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Ingrowing toe-nails . . . . .	2	4	...	...	4	1	...	...	...	1	...	...	1	1	2	1	1	...
Curved tibiæ . . . . .	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Vicious union of fracture . . . . .	3	...	...	...	...	1	1	...	1	...	...	...	...	...	3	...	...	...
Pathological dislocation . . . . .	2	1	...	...	3	...	...	...	...	...	...	...	...	1	...	...	2	...
Old fracture of coccyx . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
Wasted limb . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Conical stump . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Dupuytren's contraction . . . . .	5	...	...	...	...	1	1	2	1	...	...	...	...	...	...	1	4	...
Cicatrical contraction—																		
Face . . . . .	1	1	1	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Neck . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
Axilla . . . . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Elbow . . . . .	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
Hand . . . . .	3	3	1	1	...	4	...	...	...	...	...	...	...	1	2	1	2	...
Foot . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Artificial anus (contracted) . . . . .	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
<b>MALFORMATIONS.</b>																		
Microcephalus . . . . .	2	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
Single harelip . . . . .	1	4	5	...	...	...	...	...	...	...	...	...	1	1	2	1	...	...
Double harelip . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Single harelip and cleft palate . . . . .	5	2	7	...	...	...	...	...	...	...	...	1	...	2	4	...	...	...

according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys.	Dys	Wks	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	Mts.	C.	R.	U.	D.	
1-4	5-13	2-4	1-2	2-4	4-6	6-9	9-12	+12						
...	5	6	...	...	...	...	...	...	10	...	1	...	...	Behind knee 2, great toe 1, patella 8.
3	...	...	2	...	...	...	...	...	5	...	...	...	...	Wrist 4, finger 1.
1	2	3	...	...	...	...	...	...	2	4	...	...	...	Readmission 1. Wrist 1, ankle 4.
...	...	2	...	...	...	...	...	...	2	...	...	...	...	Myotomy in both.
...	...	3	3	3	...	...	...	...	4	3	2	...	...	Readmission 1. Osteotomy 5, both legs in 4.
...	...	...	...	...	1	...	...	...	...	1	...	...	...	Osteotomy all 3 bones of each leg.
...	2	...	3	1	...	...	...	...	3	3	...	...	...	With pes cavus 4.
1	1	1	10	...	1	...	...	...	5	7	2	...	...	Readmissions 3. Double 8.
...	...	1	3	3	...	1	...	...	3	5	...	...	...	Readmissions 3. Double 5.
1	...	2	2	...	...	...	...	...	1	4	...	...	...	Double 1.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	Double 1.
1	...	...	...	...	...	...	...	...	...	1	...	...	...	...
...	1	1	1	...	...	...	...	...	1	1	...	...	...	...
1	1	1	...	...	...	...	...	...	2	...	1	...	...	Hammer-toes also 1.
...	1	1	...	...	...	...	...	...	2	...	...	...	...	...
...	2	6	2	1	...	...	...	...	11	...	...	...	...	...
...	...	1	...	...	...	...	...	...	1	...	...	...	...	...
2	3	1	...	...	...	...	...	...	6	...	...	...	...	...
...	...	1	...	...	...	...	...	...	1	...	...	...	...	Rickets. Double.
1	1	...	...	1	...	...	...	...	1	1	1	...	...	Femur 2; tibia 1.
...	...	2	...	...	1	...	...	...	3	...	...	...	...	Operation 2.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Exact condition doubtful.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Infantile paralysis.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	Reamputation of leg.
...	1	3	...	1	...	...	...	...	4	1	...	...	...	Double 3.
...	...	...	1	...	1	...	...	...	2	...	...	...	...	Burn.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Erysipelas.
1	...	...	...	...	...	...	...	...	...	1	...	...	...	Burn.
...	...	1	...	1	...	...	...	...	1	1	...	...	...	Burn.
...	2	2	2	...	...	...	...	...	3	3	...	...	...	Readmission 1.
1	...	...	...	...	...	...	...	...	1	...	...	...	...	Old tarsotomy.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Old median colotomy.
...	1	...	...	...	...	...	...	...	...	2	...	...	...	Craniectomy 1.
...	2	2	1	...	...	...	...	...	1	1	3	...	...	Right 1; left 4.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	...
1	2	3	1	...	...	...	...	...	5	...	1	1	...	Right 1; left 6. Fatal: broncho-pneumonia.

TABLE I.—*Abstract, showing Diseases, &c., in Classes,*

DISEASE.	Sex.		Age.								Duration before admission.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-6	Mts. 6-12	Chronic	Not known
<b>MALFORMATIONS—continued.</b>																		
Double harelip and cleft palate	5	1	6	...	...	...	...	...	...	...	...	...	1	...	4	1	...	...
Cleft palate	3	6	4	1	2	...	2	...	...	...	...	...	...	...	...	...	9	...
Supernumerary auricle	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
"    thumb	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Spina bifida	2	1	2	1	...	...	...	...	...	...	1	1	...	...	...	...	1	...
Hypospadias	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Ectopia vesicæ	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2	...
Imperforate anus	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Imperforate rectum	1	1	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Congenital dislocation of hip	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
<b>DISEASES OF SKIN AND SUBCUTANEOUS TISSUES.</b>																		
<i>Sinus—</i>																		
Neck	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	...
Abdomen	2	...	1	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...
Upper extremity	5	2	1	...	...	3	2	1	...	...	...	...	1	1	2	2	1	...
Lower " "	9	6	...	1	5	7	2	...	...	...	...	...	...	...	7	3	5	...
Stump	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	1	...
<i>Abscess—</i>																		
Scalp and face	3	2	1	1	1	...	1	...	1	...	1	3	1	...	...	...	...	...
Retro-pharyngeal	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Submaxillary	4	3	1	1	...	...	4	1	...	...	1	3	1	2	...	...	...	...
Neck	9	7	2	1	1	6	4	2	...	...	1	11	4	...	...	...	...	...
Breast	...	2	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Chest	6	2	3	...	3	1	1	...	...	...	...	6	2	...	...	...	...	...
Abdominal wall	2	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...
Dorsal	2	1	1	...	...	2	...	...	...	...	...	1	...	2	...	...	...	...
Iliac	3	...	1	...	...	2	...	...	...	...	...	...	1	2	...	...	...	...
Scrotal	2	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...
Labial	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Ischio-rectal	12	3	1	...	1	2	4	5	2	...	2	8	4	...	1	...	...	...
Perineal	9	...	2	...	1	...	1	2	1	2	2	5	...	1	1	...	...	...
Axillary	10	4	3	2	4	5	...	...	...	...	3	9	1	...	1	...	...	...
Upper extremity	3	2	...	...	2	...	2	...	1	...	...	3	1	1	...	...	...	...
Gluteal	3	2	3	...	1	1	...	...	...	...	1	3	1	...	...	...	...	...
Inguinal	1	1	...	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...
Thigh	4	3	4	1	2	...	...	...	...	...	1	2	2	2	...	...	...	...
Popliteal	5	2	3	...	3	...	...	1	...	...	3	2	2	...	...	...	...	...
Leg	3	7	3	4	2	...	1	...	...	...	3	2	4	...	...	...	1	...
Multiple	1	1	1	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...



according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 6-13	Wks 2-4	Mts 1-2	Mts 2-4	Mts 4-6	Mts 6-9	Mts 9-12	Mts. +12		C.	R.	U.	D.	
...	...	5	1	...	...	...	...	...		2	1	2	1	Fatal: collapse of lung.
...	3	2	3	1	...	...	...	...		3	4	2	...	Readmissions 2. Diphtheria 1.
...	...	...	1	...	...	...	...	...		1	...	...	...	
...	...	1	...	...	...	...	...	...		1	...	...	...	
...	1	1	...	1	...	...	...	...		1	...	2	...	Multiple deformities 2. Fatal: both marasmus.
...	...	1	...	...	...	...	...	...		...	1	...	...	
...	1	...	...	1	...	...	...	...		...	1	1	1	Fatal; pyonephrosis and uræmia.
...	1	...	...	...	...	...	...	...		...	1	...	...	Recto-vaginal fistula.
2	...	...	...	...	...	...	...	...		...	...	2	...	Jaundice 1; acute nephritis 1.
...	1	...	...	...	...	...	...	...		...	...	1	...	Right.
...	1	...	...	...	...	...	...	...		...	...	1	...	
...	...	2	...	...	...	...	...	...		1	1	...	...	After removal lateral lobe of thyroid.
...	2	4	1	...	...	...	...	...		3	4	...	...	Erysipelas 1.
...	1	5	6	2	1	...	...	...		5	9	...	1	Readmissions 3. Erysipelas 1.
1	...	...	1	...	...	...	...	...		1	1	...	...	Erysipelas 1.
2	2	1	...	...	...	...	...	...		4	...	...	1	Fatal: pyæmia.
...	1	6	...	...	...	...	...	...		1	...	...	...	
1	8	5	2	...	...	...	...	...		15	...	...	1	Fatal: tubercular meningitis.
...	1	...	1	...	...	...	...	...		2	...	...	...	
2	2	3	1	...	...	...	...	...		7	...	...	1	Fatal: large subpectoral abscess.
...	1	1	...	...	...	...	...	...		2	...	...	...	
...	1	1	...	1	...	...	...	...		2	1	...	...	Cause undetermined in all. Fæcal fistula 1.
...	1	...	2	...	...	...	...	...		...	3	...	...	Cause undetermined in all.
...	...	1	1	...	...	...	...	...		2	...	...	...	
...	...	1	...	...	...	...	...	...		1	...	...	...	
...	2	9	4	...	...	...	...	...		15	...	...	...	Fish bone found in one case.
2	1	3	2	1	...	...	...	...		9	...	...	...	
2	7	3	1	1	...	...	...	...		11	2	...	1	Readmission 1. Fatal: meningitis.
1	2	1	1	...	...	...	...	...		4	1	...	...	
...	2	2	1	...	...	...	...	...		5	...	...	...	
...	...	1	...	1	...	...	...	...		1	1	...	...	
...	4	1	2	...	...	...	...	...		6	1	...	...	
...	3	3	1	...	...	...	...	...		7	...	...	...	
...	3	5	1	1	...	...	...	...		10	...	...	...	Congenital syphilis 1.
...	1	...	1	...	...	...	...	...		1	...	...	1	Fatal: general tuberculosis.



according to authorised Nomenclature—continued.

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 6-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	4	...	...	...	...	...	...	4	...	...	...	...	
1	2	...	...	...	...	...	...	...	2	...	...	1	...	Fatal: Ludwig's angina.
1	...	...	...	...	...	...	...	...	...	...	...	1	...	Cellular tissue of neck and arm also involved.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
1	7	12	9	4	...	...	...	...	27	5	...	1	...	Readmissions 3. Pyæmia 1. Fatal: erysipelas.
...	1	5	3	1	...	...	...	...	10	...	...	...	...	Eczema of feet 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Nipple and areola.
1	1	...	...	...	...	...	...	...	...	...	...	2	...	Chloroform death 1. Marasmus 1.
...	1	5	9	4	1	...	...	...	12	8	...	...	...	Readmissions 2. Simple 4, tubercular 2, eczematous 3, varicose 2, sloughing 2, syphilitic 1, circular 3, perforating 3.
1	...	5	3	...	...	...	...	...	8	...	...	1	...	Fatal: diabetes.
10	5	8	4	3	...	...	...	...	14	16	...	...	...	Readmissions 11. Erysipelas 4.
3	1	2	...	...	...	...	...	...	2	4	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
1	...	...	1	...	...	...	...	...	1	...	1	...	...	Tubercular 1; hysterical pain 1.
1	...	...	...	...	...	...	...	...	...	...	1	...	...	Transferred to Medical ward.
2	1	...	...	...	...	...	...	...	3	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	1	...	...	
2	2	...	...	...	...	...	...	...	4	...	...	...	...	
1	...	...	...	...	...	...	...	...	...	...	1	...	...	Following fractured base of skull.
1	...	2	2	...	...	...	...	...	3	...	2	...	...	
...	2	...	...	...	...	...	...	...	1	...	1	...	...	? Malignant disease 1.
...	1	1	1	...	...	...	...	...	...	3	...	...	...	
3	...	1	...	...	...	...	...	...	3	...	1	...	...	
										1232	482	148	122	

TABLE II.—Abstract showing Injuries, &amp;c., in

INJURIES.	Sex.		Age.									Duration before admission.					
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Hrs 1-6	Hrs 7-12	Hrs. 13- 24	Dys. 1-3	Dys. 3-6	Dys. +6	
GENERAL INJURIES.																	
Burns . . . . .	26	32	25	13	4	6	4	2	2	2	49	3	1	1	1	3	
Scalds . . . . .	27	21	37	5	1	1	2	1	...	1	37	1	3	2	3	2	
LOCAL INJURIES.																	
<i>Injuries of head and face—</i>																	
Scalp wounds . . . . .	50	10	6	6	5	9	13	12	3	6	50	6	1	3	...	...	
Hæmatoma of scalp . . . . .	8	3	5	1	...	...	3	...	2	...	8	1	2	...	...	...	
Concussion . . . . .	83	17	22	9	18	18	13	14	5	1	87	7	2	...	3	1	
Fractures vault of skull—																	
Simple . . . . .	2	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	
Compound . . . . .	6	4	1	2	1	1	3	2	...	...	10	...	...	...	...	...	
Simple depressed . . . . .	2	2	2	...	2	...	...	...	...	...	3	...	...	...	...	1	
Punctured . . . . .	1	1	1	...	1	...	...	...	...	...	1	1	...	...	...	...	
Compound depressed . . . . .	6	2	3	1	1	...	2	...	1	...	6	...	1	...	1	...	
Fractures base of skull . . . . .	20	7	3	5	2	7	1	4	3	2	22	1	1	...	2	1	
Do. base and vault . . . . .	5	1	5	...	1	...	...	...	...	...	6	...	...	...	...	...	
Do. do. compound . . . . .	3	...	...	...	1	1	...	1	...	...	3	...	...	...	...	...	
Do. do. depressed . . . . .	2	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...	
Contusions of face . . . . .	3	2	2	...	...	2	...	1	...	...	4	...	...	...	1	...	
Wounds of face . . . . .	7	2	1	1	2	1	2	1	1	...	7	...	1	1	...	...	
Epistaxis . . . . .	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	
Punctured wound of orbit . . . . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	
Wound of eyeball . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	
Punctured wound of palate . . . . .	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Fracture of zygoma . . . . .	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	
Compound fracture of malar . . . . .	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	
Do. nasal and superior maxilla . . . . .	2	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	
Fracture inferior maxilla . . . . .	2	2	...	1	...	...	3	...	...	...	2	1	1	...	...	...	
Do. comminuted . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	
<i>Injuries of neck—</i>																	
Contusions . . . . .	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	
Wounds . . . . .	9	3	...	...	2	2	1	3	1	3	10	...	1	1	...	...	
<i>Injuries of chest—</i>																	
Contusions . . . . .	7	1	1	3	1	1	...	1	1	...	8	...	...	...	...	...	
Wound of lung . . . . .	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	
Rupture of lung . . . . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	
Fractures of ribs . . . . .	15	2	1	2	...	1	4	4	...	5	15	...	1	...	...	1	
<i>Injuries of back—</i>																	
Contusions . . . . .	9	1	...	...	1	7	1	1	...	...	9	...	...	...	...	1	
<i>Injuries of spine—</i>																	
Concussion . . . . .	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	





TABLE II.—Abstract showing Injuries, &amp;c., in

INJURIES.	Sex.		Age.								Duration before admission.					
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Hrs. 1-6	Hrs. 7-12	Hrs. 13-24	Dys. 1-3	Dys. 3-6	Dys. +6
<i>LOCAL INJURIES—continued.</i>																
<i>Injuries of spine—</i>																
Bullet wound . . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
Fracture . . .	2	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...
Doubtful injury . .	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
<i>Injuries of abdomen—</i>																
Strain . . .	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
Contusions . . .	20	1	4	8	5	4	...	...	...	...	19	1	1	...	...	...
Rupture of rectus . .	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Wound of wall . . .	1	2	...	...	...	1	1	1	...	...	2	...	...	1	...	...
Penetrating wound . .	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...
Rupture of mesentery .	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
„ of liver . . .	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...
„ of kidney . . .	2	1	...	...	2	...	...	1	...	...	1	...	1	1	...	...
<i>Injuries of pelvis—</i>																
Contusions of perinæum .	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
„ of testis . . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...
Hæmatoma of vulva . .	...	6	...	...	...	3	1	...	1	1	5	...	1	...	...	...
Wound of scrotum . . .	2	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...
„ of vulva . . .	...	3	1	...	1	1	...	...	...	...	3	...	...	...	...	...
Rupture of urethra . .	8	...	...	...	...	4	3	...	1	...	3	2	2	1	...	...
Fracture of pelvis . . .	2	...	...	1	...	...	1	...	...	...	2	...	...	...	...	...
Do. crest of ilium . . .	2	1	...	...	1	...	1	...	1	...	3	...	...	...	...	...
Do., do., compound . .	2	...	...	...	...	1	...	1	...	...	2	...	...	...	...	...
<i>Injuries of upper extremity—</i>																
Contusion of arm . . .	3	...	...	...	...	2	...	...	...	1	3	...	...	...	...	...
„ of forearm . . .	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...
„ of hand . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Wound of arm . . .	2	2	...	2	...	1	...	1	...	...	4	...	...	...	...	...
„ of elbow-joint . . .	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
„ of forearm . . .	6	2	...	...	2	5	...	1	...	...	7	...	...	1	...	...
„ of hand . . .	11	3	...	1	6	3	1	2	1	...	12	...	...	...	...	2
Dislocation of shoulder .	2	3	...	...	...	1	...	1	2	1	1	...	...	...	...	4
Do. of elbow, compound .	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...
Do. of wrist, compound .	2	...	...	...	...	...	2	...	...	...	1	...	...	...	...	1
Do. of finger . . .	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Fracture of clavicle . .	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
Do. of scapula . . .	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...
Do. of humerus . . .	6	...	3	3	...	...	...	...	...	...	5	1	...	...	...	...
Do. do., comminuted . .	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Do. do., compound . . .	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...
Do. do., comp. comminuted	4	...	...	...	1	2	...	1	...	...	4	...	...	...	...	...
Do. of radius and ulna .	1	1	...	...	...	...	...	1	1	...	2	...	...	...	...	...

## Classes, according to authorised Nomenclature—continued.

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
1	...	...	...	...	...	...	...	...	...	...	...	1	Fracture-dislocation 1.
2	...	...	...	...	...	...	...	...	...	...	...	2	
...	1	...	...	...	...	...	...	...	...	1	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	...	Bullet wound 1.
18	2	1	...	...	...	...	...	...	21	...	...	...	
...	1	...	2	...	...	...	...	...	3	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Hæmorrhage. See also Fracture of ribs 1. See also Rupture of lung 1.
1	...	...	...	...	...	...	...	...	...	...	...	1	
1	...	...	...	...	...	...	...	...	...	...	...	1	
...	2	1	...	...	...	...	...	...	3	...	...	...	...
1	...	...	...	...	...	...	...	...	1	...	...	...	Rupture of bladder 1. See Compound com- min. tibia and fibula 1, femur 1.
1	...	...	...	...	...	...	...	...	1	...	...	...	
2	3	1	...	...	...	...	...	...	6	...	...	...	
2	...	...	...	...	...	...	...	...	2	...	...	...	Laceration of ulnar and median nerves.
2	...	...	...	...	...	...	...	...	2	...	...	...	
2	1	...	5	...	...	...	...	...	3	...	...	...	
2	1	...	...	...	...	...	...	...	8	...	...	...	Fatal: pyæmia. See Special Table III.
2	...	...	...	...	...	...	...	...	...	...	...	2	
1	...	2	...	...	...	...	...	...	2	...	...	1	
...	...	...	1	1	...	...	...	...	2	...	...	...	Fatal: pyæmia. See Special Table III.
3	...	...	...	...	...	...	...	...	3	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	1	...	...	...	Fatal: pyæmia. See Special Table III.
...	1	1	2	...	...	...	...	...	4	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	
1	3	4	...	...	...	...	...	...	7	...	...	1	Backwards and outwards. Same case. Backwards of 1st phalanx.
6	2	3	2	1	...	...	...	...	12	2	...	...	
2	1	1	1	...	...	...	...	...	2	...	2	1	
...	1	...	...	...	...	...	...	...	1	...	...	...	Fracture 3 ribs.
...	2	...	...	...	...	...	...	...	1	1	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	Wound of elbow-joint 2.
1	2	2	1	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	6	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	Wound of elbow-joint 2.
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	2	...	2	...	...	...	...	...	1	...	...	...	
1	1	...	...	...	...	...	...	...	4	...	...	...	Wound of elbow-joint 2.
...	...	...	...	...	...	...	...	...	...	...	...	...	
1	1	...	...	...	...	...	...	...	2	...	...	...	

TABLE II.—Abstract showing Injuries, &amp;c., in

INJURIES.	Sex.		Age.								Duration before admission.					
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Hrs. 1-6	Hrs. 7-12	Hrs. 13-24	Dys. 1-3	Dys. 3-6	Dys. +6
<i>LOCAL INJURIES—continued.</i>																
<i>Injuries of upper extremity—</i>																
Fracture of radius and ulna, compound	4	...	...	2	...	...	2	...	...	...	4	...	...	...	...	...
Do. do., ununited	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2
Do. of radius	...	2	1	...	...	...	...	...	...	1	1	...	1	...	...	...
Do. of ulna	1	1	...	...	...	1	1	...	...	...	1	...	...	...	...	1
Do. do., compound	2	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...
Do. of hand, compound	10	...	...	1	3	2	3	1	...	...	8	...	1	...	...	1
Do. do., comp. comminuted	3	1	...	...	3	...	1	...	...	...	4	...	...	...	...	...
<i>Injuries of lower extremity—</i>																
Contusion of thigh	5	...	3	...	...	...	1	...	...	1	3	...	...	...	2	...
„ of leg	4	3	2	...	...	2	1	1	...	1	4	...	2	...	1	...
„ of foot	2	...	...	1	1	...	...	...	...	...	1	...	...	...	1	...
Rupture of quadriceps	3	...	...	...	...	...	...	2	1	...	3	...	...	...	...	...
Wound of buttock	3	...	...	...	2	...	1	...	...	...	3	...	...	...	...	...
„ of thigh	3	1	...	1	1	1	1	...	...	...	4	...	...	...	...	...
„ of popliteal space	2	...	...	1	...	...	1	...	...	...	2	...	...	...	...	...
„ of leg	4	3	2	...	2	1	2	...	...	...	6	...	...	...	...	1
„ of foot	2	2	...	...	2	1	...	1	...	...	2	...	...	...	1	1
Traumatic synovitis of knee	8	1	...	1	1	1	2	3	1	...	3	1	...	3	1	1
Do., of ankle	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...
Wound of knee-joint	4	1	1	1	2	1	...	...	...	...	...	...	1	2	2	...
Dislocation of hip	3	...	1	...	1	...	...	1	...	...	3	...	...	...	...	...
„ of phalanges, compound	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Fractures of femur	41	16	25	14	4	3	4	2	4	3	49	1	2	2	1	2
Do., do., comminuted	4	2	...	1	2	2	...	...	...	1	6	...	...	...	...	...
Do., do., compound	1	1	...	1	1	...	...	...	...	...	2	...	...	...	...	...
Do., do., comp. comminuted	4	...	...	...	...	1	...	...	3	...	4	...	...	...	...	...
Fractures of neck of femur	8	7	...	...	...	...	1	3	...	11	13	1	...	...	...	1
„ of patella	18	6	...	...	2	4	7	6	3	2	21	...	...	...	...	3
„ of tibia and fibula	71	30	3	7	7	17	23	18	18	8	89	3	5	2	1	1
Do., do., comminuted	9	...	...	3	...	2	1	3	...	...	9	...	...	...	...	...
Do., do., compound	10	1	...	1	3	2	1	3	1	...	11	...	...	...	...	...
Do., do., comp. comminuted	8	1	1	...	2	2	...	1	2	1	9	...	...	...	...	...
Do., do., ununited	1	1	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Fractures of tibia	28	10	5	11	7	3	2	4	5	1	34	...	2	...	2	...
Do., do., comminuted	3	...	...	...	1	...	...	2	...	...	3	...	...	...	...	...

## Classes, according to authorised Nomenclature—continued.

Duration of residence.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts 1-2	Mts 2-4	Mts 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
2	...	2	...	...	...	...	...	...	3	1	...	...	
...	...	...	1	1	...	...	...	...	...	2	...	...	Same case.
...	2	...	...	...	...	...	...	...	2	...	...	...	
...	...	1	1	...	...	...	...	...	1	...	...	1	Fatal: surgical kidneys.
1	...	...	1	...	...	...	...	...	2	...	...	...	Erysipelas 1.
2	5	3	...	...	...	...	...	...	10	...	...	...	
2	1	1	...	...	...	...	...	...	4	...	...	...	
1	2	1	1	...	...	...	...	...	5	...	...	...	
3	2	1	1	...	...	...	...	...	7	...	...	...	
1	1	...	...	...	...	...	...	...	2	...	...	...	
...	2	1	...	...	...	...	...	...	3	...	...	...	
...	...	1	...	2	...	...	...	...	2	1	...	...	
...	...	2	1	1	...	...	...	...	4	...	...	...	
...	...	1	...	1	...	...	...	...	2	...	...	...	Gunshot 1.
1	4	2	...	...	...	...	...	...	7	...	...	...	
...	...	2	2	...	...	...	...	...	4	...	...	...	
...	7	2	...	...	...	...	...	...	8	1	...	...	Old fracture patella 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	Rupture of external lateral ligament.
2	1	1	1	...	...	...	...	...	4	1	...	...	
...	...	1	2	...	...	...	...	...	3	...	...	...	Dorsal 2, thyroid 1.
...	...	...	1	...	...	...	...	...	1	...	...	...	
1	3	24	26	2	...	...	1	...	57	...	...	...	Readmission 1. See Comp. and comp. com- min. tibia and fibula 2.
...	...	...	4	2	...	...	...	...	6	...	...	...	T-shaped into joint 1. See Comp. and comp. commin. tibia and fibula 2.
1	...	...	1	...	...	...	...	...	...	...	...	2	Wound knee-joint and pyæmia 1. Fracture of pelvis 1.
4	...	...	...	...	...	...	...	...	...	...	...	4	Both femora 2. Multiple fractures 1.
...	2	7	6	...	...	...	...	...	7	7	...	1	
2	5	10	6	...	...	...	...	...	18	4	2	...	Refracture 3. Old fracture 1. See Fract. femur 1.
5	34	50	12	...	...	...	...	...	100	1	...	...	
...	3	3	3	...	...	...	...	...	9	...	...	...	See Comp. tibia and fibula 1.
...	...	4	5	2	...	...	...	...	9	1	...	1	Fatal: renal disease. See Comp. commin. femur 1.
3	...	2	3	1	...	...	...	...	6	...	...	3	Infusion saline solution 1.
...	...	...	2	...	...	...	...	...	...	2	...	...	
8	20	9	1	...	...	...	...	...	37	...	...	1	Fatal: death under chloroform.
...	2	1	...	...	...	...	...	...	3	...	...	...	





*Classes, according to authorised Nomenclature—continued.*

Duration of residence.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	...	...	1	...	...	...	...		1	...	...	...	Wired.
5	17	7	...	...	...	...	...	...		25	...	...	...	
...	1	...	...	...	...	...	...	...		1	...	...	...	
...	1	...	1	...	...	...	...	...		2	...	...	...	Joints wounded in both.
										808	31	7	86	
										1232	482	148	122	
										3040	513	155	208	
										2916				

TABLE III.—

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
REMOVAL OF TUMOURS AND NEW GROWTHS.										
Amputation of breast . . . . .	...	4	...	...	...	...	2	1	1	...
Do. do. with removal of glands . . . . .	...	31	...	...	...	...	4	13	6	8
Recurrent carcinoma of breast . . . . .	...	5	...	...	...	...	1	2	1	1
Carcinoma of cervical glands . . . . .	1	...	...	...	...	...	...	...	1	...
"    of rectum . . . . .	1	5	...	...	...	...	2	2	2	...
Epithelioma of lip . . . . .	4	...	...	...	...	...	1	1	...	2
"    "    (recurrent) . . . . .	1	...	...	...	...	...	...	...	1	...
"    of floor of mouth . . . . .	4	...	...	...	...	...	...	...	2	2
"    of tongue . . . . .	5	1	...	...	...	...	...	3	2	1
"    "    (recurrent) . . . . .	1	...	...	...	...	...	...	...	...	1
"    of hard palate . . . . .	...	1	...	...	...	...	...	...	1	...
"    of neck . . . . .	1	...	...	...	...	...	...	...	...	1
"    of cervical glands . . . . .	3	...	...	...	...	...	...	...	1	2
"    of urethra . . . . .	...	1	...	...	...	...	...	...	1	...
"    of glans penis . . . . .	2	...	...	...	...	...	...	...	...	2
"    of scrotum . . . . .	2	...	...	...	...	...	...	1	...	1
"    of vulva (recurrent) . . . . .	...	1	...	...	...	...	...	1	...	...
"    of hand . . . . .	1	...	...	...	...	...	...	...	...	1
Rodent ulcer . . . . .	5	3	...	...	...	...	2	1	2	3
Sarcoma of roof of orbit . . . . .	2	...	...	...	...	...	...	...	2	...
"    of superior maxilla . . . . .	1	...	...	...	1	...	...	...	...	...
"    "    "    (recurrent) . . . . .	1	1	1	...	...	...	...	...	1	...
"    of inferior maxilla . . . . .	2	...	...	1	...	1	...	...	...	...
"    of kidney . . . . .	2	...	1	...	...	...	...	...	...	1
"    of testis . . . . .	3	...	...	...	...	2	1	...	...	...
"    of cervical glands . . . . .	1	...	...	...	...	...	1	...	...	...
"    of femur . . . . .	...	1	...	...	1	...	...	...	...	...
"    of skin . . . . .	...	2	...	...	...	...	...	1	...	1
Fibroma . . . . .	4	1	...	...	...	2	1	1	1	...
Fibrous epulis . . . . .	3	1	...	...	1	...	1	1	1	...
Myxoma . . . . .	4	2	...	...	1	1	3	...	1	...
Lipoma . . . . .	10	10	1	...	1	6	5	4	3	...
Enchondroma . . . . .	1	...	...	...	...	...	1	...	...	...
Osteoma . . . . .	...	2	...	...	...	...	1	...	1	...
Exostosis . . . . .	2	1	...	...	2	1	...	...	...	...
Adenoid vegetations . . . . .	4	4	1	4	1	2	...	...	...	...
Papilloma . . . . .	1	1	...	...	1	...	...	1	...	...
Nævus . . . . .	3	3	3	...	3	...	...	...	...	...
Polypus . . . . .	2	1	...	...	1	1	...	...	1	...
Submaxillary tumour . . . . .	...	1	...	...	...	1	...	...	...	...
Parotid tumour . . . . .	3	4	...	...	...	3	2	2	...	...
Adenoma . . . . .	...	4	...	...	1	2	1	...	...	...

*Surgical Operations.*

Duration of residence after operation.										Result.					Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.		
...	3	1	...	...	...	...	...	...	4	...	...	...	...	...	Scirrhus 3. Interstitial mastitis 1.
...	6	17	8	...	...	...	...	...	28	...	...	...	3	...	Fatal: pyæmia 1; septicæmia 1; hypostatic pneumonia 1.
...	2	3	...	...	...	...	...	...	4	1	...	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	
1	...	1	3	1	...	...	...	...	5	...	...	...	1	...	Excision of rectum in all. Fatal: fatty heart, lungs congested.
...	2	2	...	...	...	...	...	...	4	...	...	...	...	...	
...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	Removal portion inferior maxilla.
...	2	1	1	...	...	...	...	...	1	2	...	...	1	...	Jaw divided 2. Fatal: erysipelas.
1	3	1	1	...	...	...	...	...	4	1	...	...	1	...	Prelim. laryngotomy 3, tracheotomy 1.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	Fatal: pneumonia.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	Jaw divided.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	Partial resection superior maxilla.
...	...	1	1	...	...	...	...	...	2	1	...	...	...	...	
...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	Amputation of penis 1.
...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	Removal testicle 1, inguinal glands 1.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	Extensive operation.
1	4	2	1	...	...	...	...	...	8	...	...	...	...	...	
...	1	1	...	...	...	...	...	...	...	...	1	...	1	1	Same case. Acute purulent arachnitis.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	Removal alveolar border.
...	2	...	...	...	...	...	...	...	1	...	...	...	1	...	Resection superior maxilla 2.
...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	Removal alveolar border 2.
1	...	...	1	...	...	...	...	...	...	1	...	...	1	...	Lumbar nephrectomy 1. Fatal: abdominal nephrectomy.
...	2	1	...	...	...	...	...	...	3	...	...	...	...	...	Castration in all.
...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	Removal impossible.
...	1	1	...	...	1	...	...	...	1	...	...	...	...	...	Myeloid; enucleation.
...	2	3	...	...	...	...	...	...	2	...	...	...	...	...	Both melanotic.
...	3	...	1	...	...	...	...	...	4	...	...	...	...	...	All of upper jaw.
...	1	4	1	...	...	...	...	...	6	...	...	...	...	...	All of nasal fossæ. Osteoplastic operation 1.
1	17	2	...	...	...	...	...	...	20	...	...	...	...	...	Intra-muscular 1; inter-muscular 1; multiple 3.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	? Of submaxillary gland.
...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	Both of superior maxilla.
1	1	1	...	...	...	...	...	...	2	1	...	...	...	...	Multiple 1; sublingual 2.
6	1	1	...	...	...	...	...	...	7	1	...	...	...	...	
1	1	...	...	...	...	...	...	...	1	1	...	...	...	...	Neck 1; anus 1.
1	4	1	...	...	...	...	...	...	5	1	...	...	...	...	Multiple nævoid tumours 1.
1	2	...	...	...	...	...	...	...	3	...	...	...	...	...	Aural 1; rectal 2.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
...	5	2	...	...	...	...	...	...	7	...	...	...	...	...	Recurrent 1.
...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	All of breast.

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	
REMOVAL OF TUMOURS AND NEW GROWTHS											
—continued.											
Dermoid cyst . . . . .	4	2	1	1	3	1	...	...	...	...	
Sebaceous cyst . . . . .	1	1	...	...	...	2	...	...	...	...	
Hydatid cyst . . . . .	...	1	...	...	1	...	...	...	...	...	
Bursal cyst . . . . .	1	8	...	...	2	5	2	...	...	...	
Pancreatic cyst . . . . .	...	1	...	...	...	...	1	...	...	...	
Ovarian cyst . . . . .	...	7	...	...	1	1	1	3	1	...	
Cystic hygroma . . . . .	1	...	1	...	...	...	...	...	...	...	
Cyst of breast . . . . .	...	1	...	...	...	...	...	...	1	...	
„ of labium . . . . .	...	1	...	...	...	1	...	...	...	...	
NERVOUS SYSTEM.											
Laminectomy . . . . .	1	...	...	...	...	1	...	...	...	...	
Resection of Meckel's ganglion . . . . .	...	1	...	...	...	...	...	...	...	1	
Stretching of nerve . . . . .	2	2	...	...	1	1	...	...	1	1	
Suture of nerve . . . . .	1	1	...	...	2	...	...	...	...	...	
Resection and suture of nerve . . . . .	1	1	...	1	1	...	...	...	...	...	
CIRCULATORY SYSTEM.											
Ligation of brachial . . . . .	1	...	...	...	...	...	...	...	1	...	
„ of posterior tibial . . . . .	1	...	...	...	1	...	...	...	...	...	
„ of external iliac . . . . .	1	...	...	...	...	1	...	...	...	...	
„ of internal jugular vein . . . . .	2	...	...	1	1	...	...	...	...	...	
Venesection . . . . .	1	...	...	...	...	...	...	...	...	1	
Excision radial aneurysm . . . . .	1	...	...	...	...	...	...	1	...	...	
„ venous aneurysm . . . . .	1	...	...	...	...	1	...	...	...	...	
„ varicose veins . . . . .	49	8	...	...	13	36	3	5	...	...	
„ varicocele . . . . .	38	...	...	...	20	16	2	...	...	...	
Subcutaneous operation for varicocele . . . . .	10	...	...	...	9	1	...	...	...	...	
LYMPHATIC SYSTEM.											
Removal of glands . . . . .	20	24	2	4	19	15	3	...	1	...	
DUCTLESS GLANDS.											
Division of isthmus of thyroid . . . . .	...	1	...	...	1	...	...	...	...	...	
Partial excision of thyroid . . . . .	...	1	...	...	1	...	...	...	...	...	
RESPIRATORY SYSTEM.											
Intubation of larynx . . . . .	4	...	3	1	...	...	...	...	...	...	

*Operations—continued.*

Duration of residence after operation.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12	C.	R.	U.	D.	
2	4	...	...	...	...	...	...	...	6	...	...	...	
1	...	1	...	...	...	...	...	...	2	...	...	...	
...	...	7	2	...	1	...	...	...	9	...	...	...	Of kidney, extensive operation.
...	...	...	...	1	...	...	...	...	1	...	...	...	Cæliotomy, removal and drainage.
...	1	3	1	2	...	...	...	...	4	2	...	1	Dermoid 2; malignant 1; malignant of uterus 1. Fatal: purulent peritonitis.
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	1	Removal of tumour of membranes. Erysipelas and spinal meningitis.
...	...	1	...	...	...	...	...	...	1	...	...	...	Antrum trephined.
...	...	2	2	...	...	...	...	...	1	3	...	...	
1	...	...	1	...	...	...	...	...	2	...	...	...	Ulnar and median 1; digital 1.
...	...	1	1	...	...	...	...	...	1	1	...	...	Ulnar 1; external popliteal 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	Aneurysm.
...	...	1	...	...	...	...	...	...	1	...	...	...	Aneurysm.
...	...	...	1	...	...	...	...	...	1	...	...	...	Aneurysm. Transperitoneal method.
1	...	1	...	...	...	...	...	...	1	...	...	1	Septic thrombosis 2. Fatal: pyæmia.
...	...	...	...	...	...	...	...	...	...	...	...	1	Uræmia.
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	18	29	10	...	...	...	...	...	56	1	...	...	Operation on both legs 15. Perinæal 1.
...	16	19	3	...	...	...	...	...	38	...	...	...	Both sides 1. Reopened for hæmorrhage 4.
...	9	1	...	...	...	...	...	...	10	...	...	...	
3	29	10	1	1	...	...	...	...	41	2	...	1	Fatal: cerebral abscesses.
...	1	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	1	Pus in left pleura.
1	3	...	...	...	...	...	...	...	1	1	...	2	Œdema of larynx 1, scald 3. Subsequent tracheotomy 1.



TABLE III.—Surgical

SURGICAL OPERATIONS.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	
RESPIRATORY SYSTEM—continued.											
Laryngotomy . . . . .	4	...	...	...	...	...	1	...	2	1	
Tracheotomy . . . . .	7	3	4	...	...	1	2	1	1	1	
Thyrotomy . . . . .	1	1	1	...	...	...	1	...	...	...	
Drainage of empyema . . . . .	2	...	...	...	...	1	1	...	...	...	
Estlander's operation . . . . .	...	1	...	1	...	...	...	...	...	...	
DIGESTIVE SYSTEM.											
Removal of salivary calculus . . . . .	...	1	...	...	...	...	1	...	...	...	
Gastrostomy . . . . .	2	...	...	...	...	...	...	...	2	...	
Herniotomy—											
Inguinal . . . . .	2	...	...	...	...	1	...	...	...	1	
Femoral . . . . .	2	5	...	...	...	...	...	...	3	4	
Umbilical . . . . .	...	1	...	...	...	...	...	...	1	...	
Radical cure of hernia—											
Inguinal . . . . .	70	11	1	5	26	29	11	3	5	1	
Femoral . . . . .	2	5	...	...	...	1	1	3	2	...	
Umbilical . . . . .	1	1	1	...	...	...	...	1	...	...	
Herniotomy and radical cure—											
Inguinal . . . . .	15	...	...	...	2	5	2	2	1	3	
Femoral . . . . .	2	12	...	...	...	1	3	3	2	5	
Umbilical . . . . .	...	2	...	...	...	...	1	...	...	1	
Herniotomy and resection of intestine.	1	2	...	...	...	1	...	...	...	2	
Left inguinal colotomy . . . . .	...	4	...	...	...	...	...	1	2	1	
„ lumbar colotomy . . . . .	1	1	...	...	...	...	...	...	1	1	
Dilatation of artificial anus . . . . .	...	1	...	...	...	...	...	...	...	1	
Suppurative appendicitis . . . . .	1	...	...	...	...	1	...	...	...	...	
Incision of faecal abscess . . . . .	...	1	...	...	...	...	...	1	...	...	
Resection of sigmoid colon . . . . .	...	1	...	...	...	...	1	...	...	...	
Cœliotomy . . . . .	5	2	...	1	...	1	4	1	...	...	
„ and artificial anus . . . . .	...	2	...	...	...	...	...	1	1	...	
Chole-lithotomy . . . . .	...	1	...	...	...	...	1	...	...	...	
Hæmorrhoids—											
Whitehead . . . . .	16	7	...	...	...	5	9	7	2	...	
Ligature . . . . .	4	3	...	...	...	2	3	1	1	...	
Clamp and cautery . . . . .	8	3	...	...	...	2	3	5	...	1	
Fistula in ano . . . . .	24	7	...	...	...	9	9	7	4	2	
Fissure in ano . . . . .	3	5	...	...	...	3	3	2	...	...	
Imperforate rectum . . . . .	1	2	3	...	...	...	...	...	...	...	
GENITO-URINARY SYSTEM—											
Circumcision . . . . .	15	...	9	2	...	2	...	1	...	1	
Removal of warts . . . . .	...	2	...	...	2	...	...	...	...	...	

## Operations—continued.

Duration of residence after operation.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C	R.	U.	D.	
1	1	1	1	...	...	...	...	...	2	1	...	1		Acute laryngitis 1. Prelim. to excision of tongue 3.
3	4	..	2	1	...	...	...	...	6	1	...	3		
...	...	1	1	...	...	...	...	...	1	1	...	...		Syphilitic necrosis 1; papillomata 1.
...	1	...	1	...	...	...	...	...	...	1	...	1		Fatal: cerebral abscesses.
...	...	...	1	...	...	...	...	...	1	...	...	...		
1	...	...	...	...	...	...	...	...	1	...	...	...		
...	1	...	1	...	...	...	...	...	1	...	...	1		Carcinoma of œsophagus in both.
2	...	...	...	...	...	...	...	...	...	...	...	2		
1	...	3	3	...	...	...	...	...	5	1	...	1		Fæcal fistula 1.
1	...	...	...	...	...	...	...	...	...	...	...	1		Artificial anus.
1	12	50	16	2	...	...	...	...	79	...	...	2		Transferred for scarlet fever 1.
...	1	4	2	...	...	...	...	...	7	...	...	...		Admitted for vesical calculus 1.
1	...	...	1	...	...	...	...	...	1	...	...	1		Fatal: congenital hernia in child 1 day old.
2	1	7	5	...	...	...	...	...	13	...	...	2		
1	3	9	1	...	...	...	...	...	13	...	...	1		
1	...	1	...	...	...	...	...	...	1	...	...	1		
2	1	...	...	...	...	...	...	...	...	...	...	3		Circular enterorrhaphy 2; intestinal anastomosis 1.
...	1	...	2	1	...	...	...	...	...	3	...	1		Carcinoma of rectum 3, uterus 1. Fatal: peritonitis.
2	...	...	...	...	...	...	...	...	...	...	...	2		Carcinoma of rectum 2.
...	1	...	...	...	...	...	...	...	...	1	...	...		
...	...	...	1	...	...	...	...	...	1	...	...	...		Incision and drainage.
...	...	1	...	...	...	...	...	...	1	...	...	...		Gangrenous femoral hernia.
1	...	...	...	...	...	...	...	...	...	...	...	1		Invagination upper end into rectum. 27 in. removed.
1	...	1	5	...	...	...	...	...	1	3	2	1		Acute obstruction 1, chronic 1. Exploratory 5.
2	...	...	...	...	...	...	...	...	...	...	...	2		Acute obstruction 1; carcinoma of peritoneum 1.
...	...	...	1	...	...	...	...	...	1	...	...	...		Two stones. Distal one crushed.
...	7	14	2	...	...	...	...	...	23	...	...	...		Partial 2.
...	3	3	1	...	...	...	...	...	6	1	...	...		
...	4	6	1	...	...	...	...	...	10	...	...	1		Fatal: carcinoma of sigmoid.
2	12	12	4	1	...	...	...	...	30	1	...	...		Hæmorrhage 1.
...	5	3	...	...	...	...	...	...	8	...	...	...		
2	1	...	...	...	...	...	...	...	...	1	...	2		Incision of septum in all.
4	8	3	...	...	...	...	...	...	13	...	...	2		Fatal: erysipelas in 1, under chloroform 1.
...	...	2	...	...	...	...	...	...	2	...	...	...		

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	
GENITO-URINARY SYSTEM—continued.											
Urethral caruncle . . . . .	...	1	...	1	...	...	...	...	...	...	
Internal urethrotomy . . . . .	1	...	...	...	...	...	...	...	1	...	
External urethrotomy . . . . .	4	...	...	...	...	1	...	2	1	...	
Perineal section . . . . .	9	...	1	...	...	...	...	3	2	3	
Suture of ruptured urethra . . . . .	4	...	...	...	...	2	2	...	...	...	
Penile fistula . . . . .	1	...	...	...	...	...	...	1	...	...	
Recto-urethral fistula . . . . .	1	...	...	...	...	1	...	...	...	...	
Supra-pubic aspiration . . . . .	1	...	...	...	...	...	...	...	...	1	
"    cystotomy . . . . .	7	1	...	...	1	...	...	2	2	3	
"    lithotomy . . . . .	5	...	...	...	...	1	...	...	2	2	
Urethral calculus . . . . .	2	...	...	1	1	...	...	...	...	...	
Lithotrity . . . . .	...	1	...	...	...	...	...	...	1	...	
Nephro-lithotomy . . . . .	2	1	...	...	...	1	1	...	1	...	
Nephrotomy . . . . .	6	...	...	...	...	3	1	2	...	...	
Nephrectomy . . . . .	1	...	...	...	...	...	...	...	...	1	
Nephrorrhaphy . . . . .	...	1	...	...	...	...	1	...	...	...	
Injection of hydrocele . . . . .	1	...	...	...	1	...	...	...	...	...	
Radical cure of hydrocele . . . . .	9	...	...	1	4	1	2	...	1	...	
"    of hæmatocele . . . . .	2	...	...	...	...	1	1	...	...	...	
Movable testis . . . . .	1	...	...	...	...	1	...	...	...	...	
Testis in perinæo . . . . .	1	...	...	...	1	...	...	...	...	...	
Castration . . . . .	9	...	...	...	1	2	4	2	...	...	
Exploration of breast . . . . .	...	2	...	...	...	1	1	...	...	...	
LOCOMOTOR SYSTEM—											
Removal of necrosed bone from—											
Frontal . . . . .	4	1	...	...	1	3	...	1	...	...	
Superior maxilla . . . . .	2	1	...	1	...	1	...	1	...	...	
Inferior maxilla . . . . .	10	3	1	2	3	2	1	3	1	...	
Rib . . . . .	2	...	1	...	1	...	...	...	...	...	
Pelvis . . . . .	3	3	...	1	1	1	...	2	...	1	
Humerus . . . . .	3	4	1	1	5	...	...	...	...	...	
Radius . . . . .	1	...	...	...	...	...	...	1	...	...	
Metacarpus . . . . .	1	...	...	...	...	...	1	...	...	...	
Femur . . . . .	5	1	...	...	5	...	...	1	...	...	
Tibia . . . . .	8	1	...	2	4	1	...	...	2	...	
Os calcis . . . . .	1	...	...	...	1	...	...	...	...	...	
Metatarsus . . . . .	...	1	...	...	1	...	...	...	...	...	
Scraping for caries of—											
Tympanum . . . . .	...	1	...	1	...	...	...	...	...	...	
Humerus . . . . .	2	...	1	...	1	...	...	...	...	...	
Metacarpus . . . . .	1	...	...	1	...	...	...	...	...	...	
Pelvis . . . . .	3	4	...	1	1	2	2	...	1	...	
Femur . . . . .	4	1	1	1	2	...	1	...	...	...	

## Operations—continued.

Duration of residence after operation.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	...	1	...	...	
1	...	2	...	1	...	...	...	...	...	2	1	...	1	Fatal: stricture and extravasation.
1	...	4	3	1	...	...	...	...	...	5	2	...	2	
...	...	...	4	...	...	...	...	...	...	4	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	...	1	...	...	Prostatic retention.
...	...	2	3	2	...	1	...	...	...	...	8	...	...	Retention 4; exploratory 2; fistula 1; epithelioma urethræ 1.
1	1	2	1	...	...	...	...	...	...	3	...	...	2	Fatal: suppression 1, pyonephrosis 1.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	Both impacted.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	2	1	...	...	...	...	...	2	1	...	...	Allumbar. Squamous carcinoma of kidney 1.
...	...	1	2	2	1	...	...	...	...	1	3	1	1	Exploratory 3; drainage 3.
...	...	...	...	...	1	...	...	...	...	1	...	...	...	See also Sarcoma 2 cases.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	1	...	...	...	
...	3	5	1	...	...	...	...	...	...	9	...	...	...	Double 1; congenital 1; of cord 1.
...	...	...	2	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	...	1	...	...	...	Sutured into scrotum.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Sutured into scrotum.
...	2	6	1	...	...	...	...	...	...	9	...	...	...	Gummatous 1; tubercular 8. See also sarcoma 3 cases.
...	1	1	...	...	...	...	...	...	...	2	...	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	
...	2	1	...	1	...	1	...	...	...	...	4	...	1	Fatal: meningitis.
...	1	2	...	...	...	...	...	...	...	2	1	...	...	
...	8	4	1	...	...	...	...	...	...	11	2	...	...	
...	2	...	...	...	...	...	...	...	...	2	...	...	...	
...	...	...	3	2	1	...	...	...	...	1	5	...	...	
...	2	3	1	1	...	...	...	...	...	1	6	...	...	
...	...	1	...	...	...	...	...	...	...	...	1	...	...	Also of carpus.
...	1	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	2	1	3	...	...	...	...	...	1	5	...	...	Popliteal 2.
...	...	1	4	4	...	...	...	...	...	3	6	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	...	...	1	...	...	
1	...	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	1	...	...	...	...	...	...	...	1	1	...	...	Also of radius and ulna 1.
...	...	1	...	...	...	...	...	...	...	...	1	...	...	
...	2	3	1	1	...	...	...	...	...	...	6	...	1	
...	...	2	3	...	...	...	...	...	...	1	4	...	...	

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>LOCOMOTOR SYSTEM—continued.</b>										
Scraping for caries of—										
Tibia . . . . .	7	4	2	1	4	4	...	...	...	...
Os calcis . . . . .	6	...	...	...	6	...	...	...	...	...
Tarsus . . . . .	...	1	...	...	...	...	...	...	1	...
Gouging of mastoid . . . . .	13	14	7	9	4	4	2	...	1	...
Trephining of—										
Mastoid antrum . . . . .	...	1	...	...	...	1	...	...	...	...
Skull . . . . .	6	1	1	2	2	2	...	...	...	...
„ with elevation . . . . .	8	1	3	1	2	1	2	...	...	...
Roof of orbit . . . . .	...	1	...	...	1	...	...	...	...	...
Ilium . . . . .	1	...	...	1	...	...	...	...	...	...
Femur . . . . .	...	1	...	...	1	...	...	...	...	...
Tibia . . . . .	3	1	...	1	2	1	...	...	...	...
Excision of joints.										
Elbow . . . . .	2	2	...	1	...	1	1	1	...	...
Wrist . . . . .	2	...	...	...	...	1	1	...	...	...
Metacarpo-phalangeal . . . . .	1	...	...	...	...	...	1	...	...	...
Hip . . . . .	7	8	4	6	3	1	1	...	...	...
Knee . . . . .	12	4	...	4	3	5	4	...	...	...
Metatarso-phalangealand inter-phalangeal	12	4	...	...	10	3	3	...	...	...
Re-excision of elbow . . . . .	1	2	...	1	1	1	...	...	...	...
Arthrectomy of—										
Elbow . . . . .	1	...	...	...	...	1	...	...	...	...
Sacro-iliac . . . . .	...	3	...	...	1	2	...	...	...	...
Hip . . . . .	...	1	...	1	...	...	...	...	...	...
Knee . . . . .	3	3	1	1	3	1	...	...	...	...
Ankle . . . . .	3	3	2	2	1	...	1	...	...	...
Arthrotomy of—										
Hip . . . . .	4	3	...	3	1	2	1	...	...	...
Knee . . . . .	4	3	3	1	...	2	1	...	...	...
Ankle . . . . .	...	1	...	...	...	1	...	...	...	...
Scraping sinuses of elbow . . . . .	2	...	...	...	1	...	...	1	...	...
„ „ of hip . . . . .	6	10	4	6	5	1	...	...	...	...
„ „ of knee . . . . .	2	2	1	1	...	2	...	...	...	...
„ „ of ankle . . . . .	...	1	...	...	1	...	...	...	...	...
Aspiration of knee . . . . .	1	2	...	...	...	2	1	...	...	...
Forcible movement of hip . . . . .	1	...	...	...	1	...	...	...	...	...
„ „ of knee . . . . .	1	2	...	...	...	1	2	...	...	...
Loose body in knee . . . . .	2	...	...	...	...	1	1	...	...	...
Osteotomy of femur—										
Neck . . . . .	2	...	...	...	1	1	...	...	...	...
Subtrochanteric . . . . .	1	1	...	1	1	...	...	...	...	...
Shaft . . . . .	1	...	...	...	...	1	...	...	...	...
Lower end . . . . .	4	7	...	2	9	...	...	...	...	...



*Operations—continued.*

Duration of residence after operation.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks. 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	3	3	4	1	...	...	...	...	5	6	...	...	...	Two operations on same case 1.
...	...	1	3	...	2	...	...	...	6	...	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	...	
2	6	15	4	...	...	...	...	...	19	3	...	...	5	Fatal: meningitis 2; subdural abscess 2; tuberculosis 1.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	Double.
5	2	...	...	...	...	...	...	...	...	...	...	...	7	Hæmorrhage 2; bullet wound 1; ear cases 4. Pyæmia in 2.
1	...	4	4	...	...	...	...	...	7	1	...	...	1	Fatal: depressed fracture vault and base.
...	1	...	...	...	...	...	...	...	...	...	...	...	1	Meningitis.
...	1	...	...	...	...	...	...	...	...	1	...	...	...	Sacro-iliac disease.
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	1	1	...	1	...	...	2	2	...	...	...	Abscess 2.
...	...	1	1	2	...	...	...	...	1	3	...	...	...	
...	1	1	...	...	...	...	...	...	...	2	...	...	...	Langenbeck 1; partial 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	For wound.
...	1	2	4	1	2	2	1	2	3	8	...	...	4	Fatal: pyæmia 2; empyema 1; amputation at hip-joint 2.
...	...	...	6	8	2	...	...	...	11	5	...	...	...	Erysipelas 1.
...	4	9	2	1	...	...	...	...	16	...	...	...	...	Hammer toes 11; multiple excisions 7.
...	1	1	1	...	...	...	...	...	1	2	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	...	...	...	2	1	...	...	...	...	3	...	...	...	
...	...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	3	1	1	...	...	...	5	...	1	...	...	Partial 1; for septic arthritis 1.
...	...	...	5	1	...	...	...	...	5	1	...	...	...	And removal of astragalus 1.
...	1	...	3	1	1	1	...	...	1	5	...	...	1	Subsequent hip-joint amputation in fatal case.
...	...	2	2	1	2	...	...	...	3	3	...	...	1	Subsequent excision 1.
...	1	1	...	...	...	...	...	...	1	1	...	...	...	
1	...	2	4	3	3	3	...	...	...	13	...	...	3	Old excision 1.
...	...	1	1	2	...	...	...	...	1	3	...	...	...	
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
1	...	...	1	1	...	...	...	...	...	2	...	...	1	Fatal: pyæmia.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
1	...	...	...	1	1	...	...	...	1	2	...	...	...	Subsequent excision 1.
...	1	...	...	...	1	...	...	...	1	...	1	...	...	Septic arthritis 1.
...	...	...	1	1	...	...	...	...	1	1	...	...	...	
...	...	...	2	...	...	...	...	...	2	...	...	...	...	
...	...	...	...	1	...	...	...	...	...	1	...	...	...	
...	...	...	7	3	1	...	...	...	11	...	...	...	...	Vicious union of fracture.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	Double 3; genu valgum 7; ankylosis of knee 4.

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.							
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60
<b>LOCOMOTOR SYSTEM—continued.</b>										
Osteotomy of tibia . . . . .	1	1	...	1	1	...	...	...	...	...
" " and fibula . . . . .	1	4	...	2	3	...	...	...	...	...
Ankylosis of knee . . . . .	1	...	...	1	...	...	...	...	...	...
Wiring of fractures—										
Olecranon . . . . .	2	1	...	...	...	1	2	...	...	...
Femur . . . . .	1	...	...	...	...	...	...	1	...	...
Tibia . . . . .	3	...	...	...	1	1	...	...	1	...
Patella . . . . .	2	...	...	...	...	...	1	1	...	...
Approximation of patella with pins	1	1	...	...	...	1	1	...	...	...
Ununited fracture of radius and ulna .	1	...	...	...	...	...	1	...	...	...
Reduction of dislocations—										
Shoulder . . . . .	2	2	...	...	...	1	...	1	1	1
Elbow . . . . .	...	1	...	...	...	...	...	1	...	...
Wrist . . . . .	1	...	...	...	...	...	1	...	...	...
Finger . . . . .	...	1	...	...	1	...	...	...	...	...
Hip . . . . .	3	...	1	...	1	...	...	1	...	...
Primary amputation of—										
Arm . . . . .	2	...	...	...	1	1	...	...	...	...
Fingers . . . . .	8	3	...	1	6	1	1	2	...	...
Thigh . . . . .	5	...	1	...	2	...	...	...	2	...
Toes . . . . .	1	...	...	...	...	...	...	1	...	...
Secondary amputation of—										
Forearm . . . . .	2	...	...	...	...	...	...	1	1	...
Thigh . . . . .	2	1	...	1	...	...	1	1	...	...
Toes . . . . .	1	...	...	...	1	...	...	...	...	...
Amputation for disease of—										
Arm . . . . .	...	1	...	...	...	...	...	1	...	...
Forearm . . . . .	2	1	...	...	...	...	1	1	...	1
Fingers . . . . .	2	4	...	...	1	2	1	...	1	1
Hip-joint . . . . .	2	...	...	1	...	...	1	...	...	...
Thigh . . . . .	7	5	...	3	2	...	...	1	4	2
Leg . . . . .	3	2	...	...	1	...	2	...	...	2
Foot . . . . .	1	...	...	...	...	1	...	...	...	...
Toes . . . . .	1	2	...	...	1	1	...	...	...	1
Reamputation of leg . . . . .	1	...	...	...	1	...	...	...	...	...
Tendon suture . . . . .	5	3	1	...	2	4	...	1	...	...
Tendon and nerve suture . . . . .	3	...	...	...	1	1	...	1	...	...
For ganglion . . . . .	2	6	...	1	3	3	1	...	...	...
<b>DEFORMITIES AND MALFORMATIONS.</b>										
Myotomy of sterno-mastoid . . . . .	2	...	1	...	1	...	...	...	...	...
Tenotomy for talipes . . . . .	7	14	6	8	6	...	...	1	...	...
" of adductor magnus . . . . .	1	...	...	...	1	...	...	...	...	...
For Dupuytren's contraction . . . . .	5	...	...	...	...	...	1	1	2	1

## Operations—continued.

Duration of residence after operation.										Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts. 1-2	Mts. 2-4	Mts. 4-6	Mts. 6-9	Mts. 9-12	Mts. +12		C.	R.	U.	D.	
...	...	...	2	...	...	...	...	...	2	...	...	...	...	Femur also in both.
...	...	1	1	2	1	...	...	...	4	1	...	...	...	Double 4.
...	...	...	...	1	...	...	...	...	...	...	...	1	...	Removal osseous wedge. Subsequent amputation.
...	...	2	1	...	...	...	...	...	2	...	...	...	1	Fatal: surgical kidneys.
...	...	...	...	2	1	...	1	...	...	...	...	1	...	Erysipelas and amputation of thigh.
...	...	...	2	...	...	...	...	...	3	...	...	...	...	Both by open method.
...	...	...	1	...	1	...	...	...	1	...	1	...	...	Septic arthritis 1.
...	...	...	...	1	...	...	...	...	...	1	...	...	...	Transplantation of rabbit's femora.
2	...	1	1	...	...	...	...	...	2	...	...	...	2	Fatal: wound of lung 1, pyæmia 1.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Compound.
...	1	...	...	...	...	...	...	...	1	...	...	...	...	Compound.
1	...	...	...	...	...	...	...	...	1	...	...	...	...	First phalanx. Tenotomy.
...	...	1	2	...	...	...	...	...	3	...	...	...	...	
...	2	...	...	...	...	...	...	...	2	...	...	...	...	For comp. comminuted fractures.
5	3	1	2	...	...	...	...	...	11	...	...	...	...	Multiple 6.
4	...	1	...	...	...	...	...	...	1	...	...	...	4	Mid. third 3, transcondylar 1, Gritti 1.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	
...	1	1	...	...	...	...	...	...	1	...	...	...	1	Fatal: pyæmia.
...	...	1	1	1	...	...	...	...	1	1	...	...	1	Mid. third 2, lower third 1. Fatal: pyæmia.
...	...	...	1	...	...	...	...	...	1	...	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	...	1	For gangrene.
...	...	1	1	1	...	...	...	...	2	1	...	...	...	For epithelioma 1, cellulitis 2.
2	2	2	...	...	...	...	...	...	5	1	...	...	...	
1	...	...	...	1	...	...	...	...	...	1	...	...	1	Both Furneaux-Jordan for tubercular hip.
1	...	2	8	1	...	...	...	...	7	4	...	...	1	Upper third 2, middle 1, lower 9.
...	...	2	3	...	...	...	...	...	3	...	...	...	2	Upper third 2, middle 1, lower 2.
...	...	...	...	1	...	...	...	...	1	...	...	...	...	Syme.
...	2	1	...	...	...	...	...	...	2	1	...	...	...	All for deformity.
...	...	1	...	...	...	...	...	...	1	...	...	...	...	Conical stump.
2	3	3	...	...	...	...	...	...	8	...	...	...	...	
...	...	3	...	...	...	...	...	...	2	...	...	...	1	Fatal: pyæmia.
4	1	3	...	...	...	...	...	...	5	3	...	...	...	Tubercular 4.
...	...	2	...	...	...	...	...	...	2	...	...	...	...	Both heads divided.
1	5	8	5	2	...	...	...	...	9	12	...	...	...	Equinus 6, equino-varus 9, varus 1, valgus 3, pes cavus 2.
...	...	1	...	...	...	...	...	...	...	1	...	...	...	Old dislocation of hip.
...	2	2	1	...	...	...	...	...	4	1	...	...	...	

TABLE III.—*Surgical*

SURGICAL OPERATIONS.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	
DEFORMITIES AND MALFORMATIONS — <i>con-</i>											
<i>tinued.</i>											
Tarsectomy . . . . .	1	...	...	1	...	...	...	...	...	...	
Phelps' operation . . . . .	4	1	3	2	...	...	...	...	...	...	
Removal of coccyx . . . . .	...	1	...	...	...	...	1	...	...	...	
" of callus from tibia . . . . .	1	...	...	...	...	...	...	...	1	...	
" of toe-nail . . . . .	3	4	...	...	4	2	...	...	...	1	
Plastic of face . . . . .	3	1	1	...	...	...	...	3	...	...	
" of neck . . . . .	...	1	...	...	...	1	...	...	...	...	
" of arm . . . . .	3	1	2	...	1	1	...	...	...	...	
" of hand . . . . .	2	1	1	1	...	1	...	...	...	...	
Craniectomy . . . . .	1	...	1	...	...	...	...	...	...	...	
Single harelip . . . . .	4	4	8	...	...	...	...	...	...	...	
Double harelip . . . . .	3	1	4	...	...	...	...	...	...	...	
Cleft soft palate . . . . .	...	2	2	...	...	...	...	...	...	...	
" palate . . . . .	2	2	1	1	2	...	...	...	...	...	
Removal supernumerary auricle . . . . .	...	1	1	...	...	...	...	...	...	...	
" " thumb . . . . .	...	1	...	1	...	...	...	...	...	...	
For extroversion of bladder . . . . .	1	...	...	...	1	...	...	...	...	...	
MISCELLANEOUS—											
Excision of eyeball . . . . .	1	...	...	...	...	...	...	1	...	...	
Extraction of bullet from hand . . . . .	1	...	...	...	1	...	...	...	...	...	
" of deep silk suture . . . . .	1	...	...	...	...	...	...	...	1	...	
" ivory band . . . . .	...	1	...	...	...	1	...	...	...	...	
" wire . . . . .	1	...	...	...	...	1	...	...	...	...	
Excision of acne rosacea . . . . .	1	...	...	...	...	...	...	1	...	...	
" of scar . . . . .	...	1	...	...	...	1	...	...	...	...	
" of lupus . . . . .	5	6	...	...	5	5	...	1	...	...	
Scraping of lupus . . . . .	8	9	...	1	9	7	...	...	...	...	
Incision and erosion of carbuncle . . . . .	6	2	...	...	...	1	...	2	4	1	
" and irrigation of spinal abscess . . . . .	4	4	1	1	2	...	3	...	1	...	
" and drainage of spinal abscess . . . . .	9	6	3	1	7	2	...	2	...	...	
Total . . . . .	794	456									
			1250								

## Operations—continued.

Duration of residence after operation.									Result.				Remarks.
Dys. 1-4	Dys. 5-13	Wks 2-4	Mts 1-2	Mts 2-4	Mts 4-6	Mts 6-9	Mts 9-12	Mts. +12	C.	R.	U.	D.	
...	...	...	...	1	...	...	...	...	1	...	...	...	Talipes varus.
...	...	2	1	...	1	1	...	...	4	...	...	1	Talipes equino-varus 2, varus 3.
...	...	...	1	...	...	...	...	...	...	1	...	...	Old injury.
...	1	...	...	...	...	...	...	...	1	...	...	...	
3	2	2	...	...	...	...	...	...	7	...	...	...	
...	...	...	1	2	1	...	...	...	...	4	...	...	Same case 3.
...	...	...	...	1	...	...	...	...	...	1	...	...	Erysipelas.
...	...	...	3	1	...	...	...	...	2	2	...	...	Erysipelas 1.
...	1	1	1	...	...	...	...	...	1	2	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	1	Meningitis.
5	3	...	...	...	...	...	...	...	6	1	1	...	
1	...	2	1	...	...	...	...	...	1	2	...	1	Fatal: collapse of lung.
...	1	...	1	...	...	...	...	...	1	1	...	...	
...	1	2	1	...	...	...	...	...	2	2	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	1	...	...	...	...	...	...	1	...	
...	...	1	...	...	...	...	...	...	1	...	...	...	Lacerated wound.
1	...	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	
...	1	...	...	...	...	...	...	...	1	...	...	...	Old excision of knee.
...	1	...	...	...	...	...	...	...	1	...	...	...	Old fracture of patella.
...	1	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	...	...	...	...	...	1	...	...	...	
5	1	3	2	...	...	...	...	...	9	2	...	...	Erysipelas 1.
6	5	3	1	2	...	...	...	...	8	9	...	...	Erysipelas 2.
1	...	4	3	...	...	...	...	...	7	...	...	1	Fatal: diabetes.
...	...	1	6	1	...	...	...	...	...	8	...	...	All closed with sutures at operation.
...	...	2	4	7	2	...	...	...	2	13	...	...	Double 1.
									887	252	12	99	
									1250				



## SUMMARY OF DISEASES.

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### GENERAL DISEASES.

#### ERYSIPELAS (admitted with the disease).

Males 40, females 35. C. 65, D. 10.

*Situation*.—Scalp and face 40; neck 2; breast 1; chest 2; upper extremity 17; lower extremity 13.

*Cause*.—Abrasions 9; blisters 1; wounds 19; monkey bite 1; sinus 2; vaccination sores 2; burn 3; scald 2; abscess 5; discharge from ear 3; cause undiscovered 28.

*Treatment*.—Incisions 16.

#### *Fatal cases.*

1. Male, æt. 21. Admitted with erysipelas of face and neck, delirious. Death on 4th day, temperature reaching  $106.2^{\circ}$ . P.M.—Lungs deeply engorged and œdematous. Subserous pericardial hæmorrhages.

2. Male, æt. 52. Erysipelas of face and scalp for 3 days, no cause made out. Delirium and coma. Death on 4th day. Highest temperature  $104^{\circ}$ . P.M.—Marked atheroma. Cirrhosis of liver and kidneys.

3. Male, æt. 7 months. Vaccination 4 days before admission. Three suppurating sores from which rash commenced, and spread over chest. Incisions made, tissues sloughy, no pus. Temperature  $104^{\circ}$ . P.M.—Organs normal.

4. Male, æt. 1 week. No cause made out. Rash covered neck and back. Temperature rose to  $109.2^{\circ}$  before death on 7th day. No P.M.

5. Male, æt. 1 week. Abscess in neck broke 3 days before admission. Rash commenced from the sinus, and spread over back and arms. Broncho-pneumonia. No P.M.

6. Female, æt. 1. Scratch by a cat on arm 4 days before. Rash spread to trunk and opposite arm. Left basal pneumonia with temperature  $105.2^{\circ}$ . Death on 11th day. P.M.—Organs normal.

7. Female, æt. 37. Delirious on admission, no history to be obtained. Rash over face and neck. Highest temperature  $104.2^{\circ}$ . Death on 7th day. No P.M.

8. Female, æt. 42. Suppurating scalp wound of 3 weeks' duration. Rash spread to trunk and arms. Death day after admission with temperature  $106.2^{\circ}$ . P.M.—Pericranium not perforated, brain and membranes healthy. Organs decomposed.

9. Female, æt. 24. Delirious on admission, with extensive erysipelas of scalp and face. Death in 12 hours. P.M.—Pyæmia. (See Special Table III.)

10. Female, æt. 39. Erysipelas followed scalp wound of 1 day's duration. Delirium. Scalp sloughy, freely incised. Death on 5th day. P.M.—Pus beneath pericranium, no fracture of skull. Surface of brain injected. Pericardium stained. Liver and kidneys cloudy.

#### TETANUS.

Female, æt. 39. Burn of right leg 14 days before admission. Wound neglected, becoming sloughy. Stiffness of jaw first noticed on day of admission. Admitted at night with marked trismus, retraction of head and rigidity of neck muscles, the sterno-mastoids being especially tense and hard. Considerable dysphagia. No spasms. Trismus and dysphagia rapidly increased, and a severe spasm occurred 4 hours after admission, with cyanosis. Several others followed, and chloroform was administered. Death in a severe spasm 8 hours after admission. P.M.—Granulating surface on right leg 6 inches by 4 inches. Lungs over-distended, recent infarcts in right lower lobe. Heart firmly contracted. Brain hyperæmic; excess of fluid in spinal membranes. Cord healthy to naked eye.

#### SYPHILIS.

*Congenital.*—Males 4, female 1. C. 2, R. 2, D. 1. Mucous tubercles 2; gummatous ulcer of thigh 1; perforation of soft palate 1; papular eruption 2, squamous 1; old interstitial keratitis 1; epiphysitis of humeri 1; bronchitis 1.

*Fatal case.*—Male, æt. 4 months. Right arm noticed to drop 1 month ago, followed by similar condition on left side. Rash on thighs and buttocks appeared shortly before admission. Emaciated child, with separation of upper epiphysis of humerus on both, and of lower on left, sides. Symmetrical dusky red squamous eruption over lower abdomen, buttocks, and lower extremities, most marked on soles of feet. Wasted, and died on 24th day. No P.M.

*Primary.*—Males 4, female 1. C. 2, R. 3. Readmission 1. Phagedænic sores of prepuce and glans 4; extensive phagedænic ulceration of vulva 1. Sloughing glands in groin 1; ulcer of tongue 1; subsequent mucous tubercles 1.

*Secondary.*—Male 1, females 23. C. 16, R. 8. Condylomata of external genitalia 17, mouth 3, anus 2. Congestion of fauces 5; ulceration of fauces 2. Ulceration between toes 2, of lips 2, thigh 1. Onychia 1; roseolous rash 2, papular 6, macular 3, squamous 1, papular and squamous 1, pustular 1, rupial 1. General induration of glands 4, inguinal 3, neck and groins 1. Loss of hair 2. Vaginal discharge 9; ringworm 1; primary sore still present 1.

*Intermediary.*—Females 2. C. 1, R. 1. Both psoriasis plantaris.

*Tertiary.*—Males 8, females 7. C. 7, R. 7, U. 1. Tertiary ulceration of thigh 1, leg 6. Rupia of face 1; perforation of soft palate 1; multiple synovitis 1. Gumma of superior maxilla 1, alveolus 1, tongue 1, arm 1, loin 1, vastus internus 1.

## LOCAL DISEASES.

## TUMOURS.

*Carcinomata—*

*Spheroidal.—Breast.*—Females 37. C. 29, R. 1, U. 4, D. 3. Right 21, left 16. Axillary glands affected in 31, supra-clavicular in 1. Average duration before admission 15 months, the extremes being 3 weeks and  $5\frac{1}{2}$  years. Single 10; married 27, of whom 15 had borne children. Family history of cancer 5, of tubercle 10. History of trauma 2; previous abscess 1. "Cancer en cuirasse" 1.

*Treatment.*—Amputation of breast and clearance of axilla 29; amputation of breast only 3; incisions 1; graduated compress 1; nil 3 (treatment refused 1). Axillary artery divided 1, axillary vein 2; skin grafting 6.

*Complications.*—Erysipelas 2; pyæmia 1; septicæmia 1; ulceration of skin 8; axillary abscess 1; severe hæmorrhage 1; old interstitial mastitis 2; neuritis of ulnar nerve 1; œdema of arm 3; probable secondary growth of femur 1.

*Fatal cases.*

1. Female, æt. 58. Married 30 years, no children. Pain in left breast 14 months ago, when small lump first noticed. On admission, hard flat tender tumour 2 inches in diameter in upper half of left breast, freely movable and skin not involved. Small hard tender glands in axilla. Breast and axillary glands removed, no drainage. Discoloration and œdema round wound on 2nd day, so stitches removed, the wound gaping. Cellulitis spread, but suppuration slight. Temperature rose to  $103\cdot8^{\circ}$ . Death on 5th day after operation. P.M.—Cellulitis of shoulder and front of chest. Hypostatic pneumonia lower lobe of both lungs. Endocardium stained. Spleen large and soft.

2. Female, æt. 53. Married, 8 children. Lump first noticed under left arm 12 months ago. Commenced to discharge 8 weeks ago. At extreme outer upper border of breast is a deep foul excavated ulcer. Glands along border of pectorals and in axilla. Breast and glands removed, this necessitating ligature and division of axillary artery and vein. Drainage used. Temperature rose next day. Several ounces of broken-down blood-clot escaped on dressing. Suppuration continued free. Troublesome cough with bronchitic expectoration. Temperature rose to  $106\cdot2^{\circ}$  before death occurred on 13th day after operation. P.M.—Whole floor of wound exposed. Decomposition so far advanced that organs could not be examined. Distal arterial ligature lying loose, but both ends firmly closed with decolorised clot. No evidence of pyæmia.

3. Female, æt. 34. Married, 5 children. History of 6 months' duration. Removal of breast and glands. Erysipelas and pyæmia. (See Special Table III.)

*Recurrent in breast.*—Females 3. C. 3. First recurrence 2, third 1. All local in scar. Removal in all.

*Recurrent in axillary glands.*—Females 2. C. 1, R. 1. Interval since operation 4 months and 2 years. Recurrence also in scar 1. Axilla cleared out in both.

*Transverse colon.*—Female, æt. 58. Family history of cancer. Abdominal pain 7 weeks. Constipation 3 weeks. On admission, much emaciated with dis-

tended abdomen. Nothing felt on palpation. Median exploration. Some ascitic fluid escaped. Nodules of new growth scattered over peritoneum. Lower end of ileum stitched to wound and opened at once. Sank and died on 4th day. P.M.—Satisfactory artificial anus 4 inches above cæcum. No recent peritonitis. Whole visceral and parietal peritoneum thickly studded with grains and nodules of hard white new growth. Primary seat appeared to lie in wall of transverse colon to left of hepatic flexure. A flat plate of growth here was still covered by mucous membrane. Obstruction produced by deflection of canal, and not by blocking of lumen. Greater curvature of stomach adherent to this growth, not itself involved. Some broncho-pneumonia. Microscopically growth an atypical carcinoma of scirrhus form. All the usual sites of scirrhus carcinoma examined, and there seemed no doubt that primary seat of growth was in the colon.

*Recurrent in cervical glands.*—Male, æt. 60. Contents of orbit removed 4 years ago for glandular carcinoma of eyelid. Secondary growth of same structure in parotid and lymph glands removed 9 months ago. On admission, hard gland situated close to bifurcation of common carotid. Removal with portion of sub-maxillary gland, the internal jugular vein being wounded and ligatured. Discharged cured on 21st day.

*Thyroid.*—Male, æt. 57. Father died of cancer of larynx. Lump in neck noticed 2 months. Large fluctuating swelling left side of neck, punctured, and thin pus evacuated. Hard irregular mass also felt on right side. Implication of left recurrent laryngeal. Explored, abscess opened on each side, and some growth scraped away. Drained. Induration increased, and dyspnœa became urgent 22 days later. In making incision for tracheotomy, growth cut into and large abscess opened with relief to breathing. Dyspnœa again became urgent; trachea found and opened with difficulty, and artificial respiration tried in vain. P.M.—Mass of new growth replaced left lobe of thyroid, and projected into suppurating cavity superficial to it. Marked bulging of tracheal wall. Growth firm and yellowish white in colour. Edema of glottis and pharynx. Tracheal rings rigid. Early nutmeg liver.

*Columnar.—Breast.*—Female, æt. 56. Married, no children. Small lump noticed in left breast 1 year, enlarging 3 weeks. Tumour size of large hen's egg in upper outer quadrant left breast. Skin slightly adherent. Small soft glands at apex of axilla. Removal of breast and axillary glands. Growth cystic, the cysts being filled with gelatinous growth, with numerous black points of punctiform hæmorrhage. Glands in axilla small, but affected. Microscopically duct cancer. Did well.

*Cæcum.*—Male, æt. 60. Tumour noticed in right iliac fossa 5 months. Loss of weight. Bowels fairly regular. Definite circumscribed tumour in right iliac fossa, size of tennis ball, and movable over limited area. No operation advised.

*Rectum.*—Males 6, females 10. C. 4, R. 3, U. 5, D. 4. Duration: under 6 months 7; under 1 year 3; under 2 years 3; under 3 years 2; under 4 years 1. Reaching down to within 1 inch 2, 2 inches 8, 3 inches 2, 4 inches 2, of anus respectively. Intestinal obstruction 3; perforation of cæcum 1; recto-vaginal fistula 2; previous lumbar colotomy and contracted artificial anus 1; secondary growths and ascites 1; erysipelas 1.



*Treatment.*—No operation advisable 5; excision of rectum 5, the peritoneum opened in 2; dilatation of artificial anus 1; left lumbar colotomy 2; left inguinal colotomy 3.

*Fatal cases.*

1. Male, æt. 71. Admitted with intestinal obstruction and high carcinoma of rectum 9 months ago, relieved by enemata. Readmitted with 10 days' obstruction, abdomen enormously distended, no vomiting. Left lumbar colotomy. Bowel at once opened, and much fæces evacuated. Much collapsed. Death next day. P.M.—General purulent peritonitis with free gas in abdominal cavity. Fæces issuing from perforations in floor of two distension ulcers in cæcum. Small intestine collapsed, whole of large bowel much distended. Annular stricture and growth, ulcerated on surface,  $4\frac{1}{2}$  inches above anus.

2. Female, æt. 57. Painful defæcation with passage of mucus 7 years, of blood 3 years. Hard nodular growth 2 inches above anus. Abdomen distended and tympanitic. Left inguinal colotomy by Maydl's operation. Intestine opened on 7th day. Death on 9th day. P.M.—Local purulent peritonitis. Large annular ulcerated mass of growth,  $2\frac{1}{2}$  inches above anus, and 3 inches in breadth.

3. Female, æt. 43. Diarrhœa and melæna 7 months. Hard nodular ulcerated growth entirely surrounding bowel. Commenced  $1\frac{1}{2}$  inches above anus and extended 3 inches. Complete excision of rectum, peritoneum not opened. Much shock. Death on 2nd day. P.M.—Small nodule of new growth had been left behind. Fatty heart, liver, and kidneys.

4. Female, æt. 60. Two years' history. Admitted with obstruction 8 days. Hard lobulated masses of growth in rectum, abdomen distended. Left lumbar colotomy, bowel opened at once. Death next day. P.M.—Malignant ulceration of last 5 inches of rectum. Rim of new growth at upper limit. Vaginal wall implicated, with fistulæ between. Large intestine dilated and hypertrophied.

*Squamous.—Œsophagus.*—Males 14. R. 9, U. 1, D. 4. Readmissions 2. Situated at level of cricoid 3; bifurcation of trachea 1; cardiac orifice 5; 10 inches from teeth 2; 12 inches 3. Stomach involved in growth 2; cervical glands affected 4. Treated by gastrostomy 2; Symonds' tubes 4; the rest by bougies, partly for diagnosis.

1. Male, æt. 55. History 9 months. Extremely emaciated, obstruction at lower end of œsophagus. Symonds' tube passed. Death on 2nd day. P.M.—Stricture 1 inch in length at lower end of œsophagus. Growth firm and pale, no ulceration. Œsophagus dilated and hypertrophied above.

2. Male, æt. 51. In hospital 6 months ago. Treated by Symonds' tubes. Readmitted in dying condition. Death in  $\frac{1}{2}$  hour. P.M.—Firm white growth infiltrating walls 3 inches above cardiac orifice. Lumen narrowed. Dilatation and hypertrophy above. Bronchial and mediastinal glands affected. Hypostatic pneumonia left upper lobe. Secondary growth in liver.

3. Male, æt. 56. History 4 years. Obstruction 8 inches from teeth. Fed through œsophageal tube. Developed pneumonia, death on 4th day. P.M.—Ulcerated growth encircling œsophagus below cricoid, 1 inch in length. No glands. Pneumonia right lower lobe, old and recent miliary tubercle of both lungs.

4. Male, æt. 54. History 5 months. Obstruction opposite bifurcation of trachea. Gastrostomy by vertical incision through rectus. Food not retained. Gradually



sank, and died on 11th day. P.M.—Circular growth forming narrow stricture 1 inch long opposite bifurcation of trachea. No ulceration. Cervical glands involved.

*Tonsil.*—Males 3, female 1. U. 4. Readmission 1. Duration 3 months (2) and 9 months respectively. Fauces involved in all, pharynx in one. Marked involvement of cervical glands 3. Refused operation 1, none advised in remainder.

*Lower lip.*—Males 5. C. 4, U. 1. Family history of cancer 1. Glands affected 1. Duration 6 weeks, 4 and 15 months, 2½ and 4 years respectively. Removal in 4.

*Recurrent in lip.*—Male, æt. 58. Third recurrence. Inferior maxilla involved and large portion removed; not wired.

*Floor of mouth.*—Males 4. C. 1, R. 2, D. 1. Duration 3, 4, 5, and 11 months respectively. Glands affected 3. Removal in all; portion of tongue removed 2; jaw divided and wired 2; glands removed at separate operation 1; erysipelas 1.

*Fatal case.*—Male, æt. 68. History 11 months. Growth involved floor of mouth, tongue, and gum, reaching back to anterior pillar of fauces. Submaxillary glands affected. Growth and glands removed through curved incision, jaw divided and wired. Nasal feeding. Erysipelas on 5th day, death on 8th day after operation. P.M.—Congestion of lungs. Growth entirely removed.

*Tongue.*—Males 7, female 1. C. 4, R. 2, U. 1, D. 1. Readmission 1. History of syphilis 3. Duration 5 weeks, 2, 3, 4, 6 (2), and 7 (2) months respectively. Glands affected 5; submaxillary gland involved 1; tonsil 1. Complete excision of tongue 1; partial 5. Preliminary laryngotomy 3, tracheotomy 1, ligature of linguals 1. Hæmorrhage 1. Operation not advised in 2.

*Fatal case.*—Male, æt. 71. History 7 months. Ulcer on posterior part of right side of tongue, fixed to jaw at lower edge. Preliminary laryngotomy. Tongue split down middle and half removed. Rigor on 2nd day, death on 3rd day after operation. No P.M.

*Recurrent in tongue.*—Males 2. R. 1, U. 1. Recurred 1 and 8 months after operation. Glands involved in both. Recurrent hæmorrhage 1; removal portion of tongue and glands in other, the jaw being divided; recurred in tongue and neck before discharge.

*Palate.*—Male 1, female 1. C. 1, U. 1. Hard palate 1, soft 1.

1. Male, æt. 59. Extensive ulcer of soft palate, glands involved both sides. No operation advised.

2. Female, æt. 52. History 3 months. Soft tumour of hard palate size of walnut. Surface covered with small ulcers. Floor of nares involved. Resection lower half left superior maxilla with small portion of right. Squamous-celled carcinoma on microscopic examination. Fitted with roof plate.

*Face.*—Male, æt. 54. History 5 months. Foul deep ulcer had destroyed lower lid, encroaching on nose and cheek. Part of inner wall of orbit destroyed, necrosed bone felt here, and probe passed leading into pharynx. Large aperture in superior maxilla behind alveolar border, communicating freely with upper opening. Antral wall not thinned. Submaxillary glands affected. No operation.

*Neck.*—Male, æt. 69. History 18 months. Large epitheliomatous ulcer behind ear, removal with involved gland.

*Kidney.*—Male, æt. 51. Calculi passed 6 years ago, preceded by left renal colic. Hæmaturia 8 months ago, continuing 2 months. Small calculi passed at this time. Hæmaturia on and off ever since, with passage of calculi one week before admission. Continuous hæmaturia on admission, nothing felt by sound. Supra-pubic exploration of bladder. Nothing seen except blood entering bladder from left ureter. Bladder sutured. Lumbar exploration of left kidney 33 days later. Calculi felt by needle. Kidney substance incised and pelvis reached. Several small calculi removed. New growth felt in pelvis. Portion removed proved to be a squamous carcinoma on microscopic examination. Wound drained. Discharged 41 days after operation. Calculi were oxalate of lime.

*Urethra.*—Females 2. R. 2.

1. Female, æt. 58. History 6 months. Severe hæmorrhage and slight incontinence. Growth involved urethral wall deeply, extending up 1 inch. Free removal. Partial control regained before discharge.

2. Female, æt. 45. History 2½ years. Too extensive for removal. Supra-pubic cystotomy and drainage. Growth felt from inside bladder as nodules round orifice of urethra. Small calculus found and removed.

*Penis.*—Males 2. C. 2. Duration 3 and 8 months respectively. Both of glans. Amputation of penis in both. Inguinal glands removed 1. Erysipelas 1.

*Scrotum.*—Males 2. R. 2. Chimney-sweep 1. Duration 10 months and 3 years respectively. Removal of growth and glands in both.

*Recurrent in vulva.*—Female, æt. 46. Previous removal 1 year. Recurrence in inguinal glands 7 months, vagina 1 month. Extensive operation for removal, left femoral vein wounded. Suppuration and boracic baths. Discharged relieved 67 days after operation.

*Hand.*—Males 3. C. 1, R. 1, U. 1. Duration 2, 3, and 3½ years respectively. Refused operation 1; removal and subsequent grafting 1; amputation of forearm 1, this microscopically being a very superficial epithelioma hardly involving subcutaneous tissue.

*Foot.*—Male, æt. 55. Duration 3 years. Large ulcer, with glands in popliteal space and right iliac fossa. No operation.

*Recurrent in cervical glands.*—Males 2. C. 1, R. 1. Both secondary to tongue. No local recurrence in either. Necrosis of jaw after previous division 1. Removal in both.

*Nature undetermined.*—*Liver.*—Males 2. U. 2. Exploration by abdominal section in both.

*Kidney.*—Male, æt. 48. Hæmaturia 1 year. Large tumour of left kidney, much pain. Lumbar exploration, kidney large, hard, and vascular. Larger, and distinctly nodular on surface on discharge.

*Uterus.*—Female, æt. 47. Married, 9 children. Dragging pain in lower abdomen 9 months. Sanious discharge from vagina most of this time, with troublesome constipation 6 weeks. Whole pelvis full of craggy growth on admission, uterus completely fixed. Median abdominal exploration. A left ovarian cystic adenoma found and removed. Large malignant growth of uterus. Sigmoid

colon brought out through a lateral incision and sutured. Gut opened 9 days later. Discharged 43 days after operation, with artificial anus acting satisfactorily.

*Ovary.*—Female, æt. 51. Married, with children. Lump noticed in right iliac region 26 years, has only grown for last 4 years. Large, irregular, hard, and cystic tumour in abdomen, nearly median in position. No ascites. *Per vaginam*, right fornix depressed, uterus moved with tumour. Median abdominal incision, exposing multilocular cystic tumour of left ovary. One and a half pints dark fluid withdrawn from one cyst. Tumour very adherent to bladder and intestine, but removed. Carcinoma on microscopic examination. Enlarged glands appeared in left groin before discharge on 74th day after operation.

*Abdominal cavity.*—Male 1, female 1. R. 1, U. 1. Exact position undetermined in both. Abdominal exploration in 1, and large hard tumour found behind colon, reaching up to liver and down to rectum. Colon pushed forward, but lumen not interfered with. Fæcal fistula subsequently formed in loin.

*Rodent ulcer.*—Males 5, females 3. C. 8. Situated on face 6, upper lip 1, lower lip 1. Duration 1 year, 2 years (3), 4, 7, 12, and 18 years respectively. Removal in all; skin grafting 1. Erysipelas 1.

#### *Sarcomata*—

*Bones.*—Males 7, females 4. C. 7, R. 1, U. 1, D. 2. Family history in none; history of trauma 3. Recurrent in 2, both of superior maxilla. Of frontal 1; superior maxilla 3; inferior maxilla 2; ilium 1, pulsating; femur 3, periosteal 2, central 1; tibia 1, central.

*Structure.*—Pulsating 1; osteo-sarcoma 1; myeloid 5; spindle-celled 3; round-celled 1. Osteitis deformans in the case of central myeloid sarcoma of tibia. Purulent meningitis 1.

*Treatment.*—No operation 1; local removal 7; amputation of thigh 3, upper third 1, middle third 1, lower third 1.

#### *Fatal cases.*

1. Male, æt. 59. History 4 months. Cut his eye against a sharp corner 2 years ago. Hard growth in upper wall right orbit, extending from just above inner canthus over 1 inch outwards. Firmly attached to bone, skin freely movable over it. Proptosis, and depression of eyeball. Crossed diplopia. Removal of growth, which consisted mainly of bone with some soft growth over it, and extended back along roof of orbit. Further operation 18 days later, and roof of orbit trephined. Dura mater slightly wounded. Removal of orbital roof with saw and forceps, one small nodule of growth on part removed. Paralysis left arm day after operation, left hemiplegia complete on 2nd day, and patient unconscious. Regained consciousness next day. Slight return of power in left arm with rigidity. Twitchings of left side of mouth, but no facial paralysis. No control of bladder or rectum. Marked hyperæsthesia of left side before death, which occurred 6 days after operation. Highest temp. 104·6°. P.M.—Small perforation of dura mater. Posterior and outer part of right orbital plate had been removed. No orbital cellulitis. Purulent arachnitis over outer surface of right hemisphere. Small recent cavity on under surface right prefrontal lobe, evidently caused at operation. Head only examined.

2. Male, æt. 4. Complete excision of left superior maxilla for round-celled

sarcoma 6 months ago. Extensive recurrent growth. Extensive operation for removal. Death next day. P.M.—No growth remained. No secondary deposits or other disease.

*Tonsil.*—Males 2, female 1. U. 2, D. 1. Recurrent 1. All too extensive for operation.

*Fatal case.*—Female, æt. 23. Removal 2 months ago of extensive round-celled sarcoma of tonsil. No recurrence on discharge. Recurrent growth grew rapidly, with some external suppuration, and intermittent hæmorrhages from nose and mouth. Swelling of both optic discs. Other signs of cerebral disturbance very slight. Erysipelas 2 days before death on 174th day. P.M.—Large mass of new growth, containing grumous fluid in places, probably arising outside left faucial pillars. Extensive infiltration left side of neck. Growth had spread through spheno-maxillary fossa and sphenoidal fissure into cranial cavity, where it formed a mass, size of walnut, indenting tip of left temporo-sphenoidal lobe, and filling pituitary fossa. Secondary mass in liver. Microscopically, small round-celled sarcoma.

*Kidney.*—Males 2. R. 1, D. 1. Left 2. Round-celled 2. Nephrectomy in both, lumbar 1, abdominal 1.

*Fatal case.*—Male, æt. 4. Swelling noticed 3 weeks. Very large sarcoma of left kidney. Removal through incision in linea semilunaris, with second transverse incision. Growth had to be removed in pieces. Death in 8 hours. P.M.—Small amount fluid blood in abdomen. No portion of main growth found remaining. Retro-peritoneal glands infiltrated with growth.

*Breast.*—Female, æt. 51, single. History 9 months. Large encapsuled growth of left breast with intra-cystic growths. Amputation of breast, and axilla cleared out, but no glands found. Myxo-sarcoma on microscopic examination, the intra-cystic growths being purely myxomatous.

*Testis.*—Males 3. C. 3. Right 2, left 1. Round-celled 2, spindle-celled 1. Castration in all.

*Glands.*—Males 3, female 1. R. 1, U. 3. Cervical 2; inguinal and iliac 2. Removal attempted in one of the cervical cases, but proved impossible.

*Buttock.*—Female, æt. 63. Large tumour of buttock with history of 4 months' duration. Operation impracticable.

*Skin.*—Females 2. C. 2. Both melanotic. Hand 1; forearm 1. Local removal in both.

#### *Simple tumours—*

*Fibroma.*—Males 6, females 3. C. 9. Lip 1; back 1; vulva 1; finger 1; leg 1; fibrous epulis of superior maxilla 4. Removal in all.

*Lipoma.*—Males 9, females 10. C. 19. Multiple 3. Intra-muscular of latissimus dorsi 1; chest wall 1; abdominal wall 1; back 1; axilla 1; shoulder 11; forearms 1; thighs 2. Chronic intestinal obstruction in 1 case. Removal in all.

*Enchondroma.*—Males 2. C. 1, U. 1. Probably connected with submaxillary gland 1; probably supernumerary auricle 1, this case went out without leave and did not return.



*Osteoma*.—Females 2. C. 2. Both of superior maxilla. Connected with rudimentary incisor 1.

*Exostosis*.—Males 3, female 1. C. 2, R. 1, U. 1. Subungual 2; upper end of humerus 1; multiple 1, in this case strong family history of exostoses. Growths from ribs and most of long bones, removal of the more troublesome.

*Nævus*.—Males 4, females 4. C. 5, R. 2, U. 1. Multiple 2. Scalp 1; face 1; neck 4; leg 1. Removal 5; electrolysis 1; no operation 1, this being a deep nævus of back of neck, too large for removal.

Male, æt. 18. Tumours first noticed when 1 year old. Left hand greatly deformed with numerous growths situated on thumb and fingers, palm, dorsum, and wrist. Some soft and fluctuating, others very hard, skin over them purple. Radius much curved, with dislocation at elbow evidently due to weight of hand. Fewer growths on right hand, also chin, ankle, and shoulder. Removal of growths from right hand, chin, and shoulder. All were venous angiomas, with fibrous network and medium-sized spaces, in which were small phleboliths.

*Parotid tumour*.—Males 3, females 4. C. 7. Right 4, left 3. All "mixed" tumours, containing cartilage 3. Markedly cystic 1. Of socia parotidis 1. Removal in all.

*Submaxillary tumour*.—Female, æt. 27. Typical fibro-adenoma on removal.

*Myxo-adenoma*.—Female, æt. 25, unmarried. History 5 years. Tumour in upper outer part of right breast. Proved to be an encapsuled myxo-adenoma, with intra-cystic purely myxomatous growths.

*Congenital sacral tumour*.—Male, æt. 6 months. Noticed at birth. Large multilocular cystic tumour projecting posteriorly, measuring 14 inches in circumference at its attachment. Contained irregular hard nodules, longitudinal furrow in skin over it. *Per rectum* could be felt for some distance in front of spinal column. No paralyses, and no other deformities.

#### *Cysts*—

*Dermoid*.—Males 4, females 2. C. 6. Outer angle of orbit 3; scalp 2; median of neck 1. All excised.

*Hydatid*.—Female, æt. 14. History of fall 6 weeks ago. Swelling noticed in left side of abdomen 3 weeks. Large fluctuating tumour occupying left lumbar region and extending across abdomen to right linea semilunaris, also extending beneath left Poupart's ligament with the vessels, causing fulness over upper part of Scarpa's triangle. Thrill can be communicated from this to the main tumour. Large trace of albumen in urine. Fluid removed from tumour by aspiration of specific gravity 1025, alkaline, containing much albumen and some pus. Fat and cholesterine crystals seen under microscope. Incision in left semilunar line tumour exposed outside peritoneum, tapped, and then opened. Fluid like thick *café-au-lait*, containing pus, cholesterine, and hydatid hooklets, with some nearly complete heads. Portions of hydatid membrane also removed. Kidney felt through cyst wall. Edges of cyst sutured to skin, cyst drained. Irrigation daily. Counter-opening made in loin on 46th day. Sinus still present when discharged 134 days after operation.

*Pancreatic*.—Female, æt. 38. Transferred from Medical ward. Married. Two children born dead at 7th month and 3 miscarriages. Pain in left side 22



years ago after a squeeze, swelling first noticed 16 years ago. Tumour tapped 2 years ago, and pale yellow fluid containing much albumen drawn off. Urine normal throughout. Admitted with large cystic tumour, situated to left of mid line. Median abdominal exploration. Cyst-wall exposed by scratching through omentum above transverse colon. Cyst thin walled, size of a cocoa-nut, with no adhesions, and pedicle consisting of pancreatic tissue attaching it to left end of pancreas. Cyst removed by slowly dividing pedicle. Troublesome hæmorrhage from pancreatic stump. Glass drainage-tube inserted down to this. Cyst contained highly albuminous fluid with cholesterine, of specific gravity 1010. This was not true pancreatic secretion, but the fluid removed by pipette from tube on 5th day contained the pancreatic ferments. Tube constantly pipetted, and finally withdrawn on 40th day. Discharged cured, wearing abdominal support, 53 days after operation.

*Ovarian*.—Females 4. C. 2, U. 1, D. 1.

1. Female, æt. 35. Married 30 years, no children. Pain 2 years. Right ovary removed 20 months ago. Menorrhagia and pain has continued ever since. Left ovarian cyst diagnosed. To come in again for operation.

2. Female, æt. 17. Abdominal swelling noticed 7 months. Catamenia regular. Large fluctuating tumour mainly on right side. Median abdominal incision. Multilocular cyst of right ovary tapped, 6 pints of fluid being withdrawn. Pedicle ligatured in 3 parts, and cyst removed. Douglas's pouch occupied by a multilocular cyst of left ovary, this also tapped and removed after ligature of pedicle. Discharged cured 28 days after operation, wearing abdominal belt.

3. Female, æt. 48. Single. Getting stout for 7 years. Abdomen has increased rapidly in size 6 weeks. Vomiting, and swelling of left leg for 8 days. Catamenia regular last 3 years. Median abdominal incision. Cyst found inflamed and covered with recent lymph. Consisted of one large and numerous small cysts, these containing pus. Pedicle ligatured in three, and cyst removed. Some omentum removed, and wound closed with silkworm gut, a glass drainage-tube being inserted. Tube removed on 4th day. Discharged cured 26 days after operation.

*Fatal case*.—Female, æt. 43. Married, no children. Menopause 3 years ago. Violent pain in right iliac region 8 months ago. Recurrent attacks of gripping pain in abdomen, with distension. Swelling of legs and feet recently. Large median abdominal tumour, depressing anterior vaginal fornix and displacing uterus backwards. Median abdominal incision, wall œdematous. Cyst tapped, and nearly a gallon of semi-gelatinous fluid evacuated. Recent adhesions. Pedicle ligatured, and cyst removed, found to be of left ovary. Right ovary cystic, and also removed. Abdominal wound closed by suturing the different layers separately. Temperature rose to 103.2° on 2nd day, and continued high. Suppuration at lower end of wound surrounded by a red blush. Abdominal tenderness and distension. Death on 7th day. P.M.—General purulent peritonitis, the cavity containing a pint of non-offensive pus. No disease elsewhere.

*Ovarian dermoid*.—Females 3. C. 3.

1. Female, æt. 25. Married, 2 children. Tumour first noticed 1 year ago. Delivered of healthy child 1 month ago. Large right cystic tumour, nodular and hard in its upper part. Median abdominal incision. Tumour tapped, and

66 ounces of clear yellowish fluid withdrawn. Pedicle ligatured, and tumour removed. Tumour consisted of one large and several smaller cysts of right ovary, into which projected intra-cystic growths. One part of wall of smaller cyst contained hair and hard bony masses, the fluid in this cyst being thick and opaque. Recovery uninterrupted. Discharged wearing abdominal belt 19 days after operation.

2. Female, æt. 34. Married, no children. Catamenia regular. Bilious vomiting 9 months ago, followed by swelling of abdomen. Swelling increased rapidly in size, with intermittent attacks of vomiting. Large tumour, mainly on right side, consisting of several cysts, with some solid portions to be felt. Median abdominal incision exposing cyst. Cyst tapped, the first fluid evacuated being clear, but followed by fatty fluid. Several smaller cysts were opened from inside main cyst, and much thick fatty material evacuated with one ball of hair. Pedicle ligatured, and tumour removed. Wound healed entirely, but a suppurating sinus subsequently formed, which needed opening up. Discharged cured wearing abdominal belt on 91st day after operation.

3. Female, æt. 3½. Transferred from Medical ward. Discharge of muco-pus *per rectum* 3½ months ago, after fever and drowsiness had been noticed some days. On admission, hard tumour felt *per rectum*, and an opening into rectum discovered 3 inches above anus. Intermittent rectal discharge of pus, with irregular pyrexia. Measles while on Medical side. Blood and some membrane passed *per rectum*. Anæsthetic given, and enlarged abdominal glands felt. Hard lump felt in front of rectum by finger in the bowel. No rectal discharge for some time prior to discharge from hospital. Thought to be a suppurating ovarian dermoid cyst.

## CIRCULATORY SYSTEM.

*Aneurysm.*—Males 6. C. 4, R. 1, D. 1.

*Traumatic of left radial.*—Male, æt. 44. Wound 4 months before admission. Swelling first noticed 1 month after injury. Aneurysm 1 inch above level of wrist, measuring  $1\frac{3}{4}$  inch by  $1\frac{1}{2}$  inch. Pulsating, but easily compressible. Aneurysm dissected out entire, the radial artery being tied in two places above and below and divided between. Sac grooved by tendon of flexor carpi radialis. Discharged cured 4 days after operation.

*Left brachial.*—Male, æt. 52. Wrench of arm 5 weeks before admission. Swelling noticed 1 week later, and had gradually grown larger. Aneurysm 1 inch in diameter just above bend of elbow. Radial artery markedly diseased and dilated for some distance beyond aneurysm. Arteries much diseased; cardiac hypertrophy. Brachial artery ligatured at middle of arm in two places 1 inch apart and divided between. Floss silk used. Vessel grossly diseased where tied. Slight return of pulsation in sac. Discharged cured 22 days after operation.

*Traumatic of left posterior tibial.*—Male, æt. 14. Stabbed with dinner knife 17 days before admission. Hæmorrhage considerable. Leg noticed swollen on removal of bandages. Half-inch scar over centre of calf. Tense pulsating swelling here. No pulsation in posterior tibial at ankle. Operation with

tourniquet applied. Incision made through scar, evacuating clot and altered blood. Wound enlarged, and clot found forming a false sac exactly half a hollow sphere in shape. Posterior tibial and peroneal found divided just beyond origin of latter. Vessels ligatured on each side, and drainage used. Suppuration. Posterior tibial pulse fair on discharge 26 days after operation. Re-admitted later with a suppurating sinus, which was opened up and scraped.

*Right ilio-femoral.*—Male, æt. 30. Left external iliac successfully ligatured for ilio-femoral aneurysm 4 months before. Present pulsation first noticed at that time. Great pain 3 weeks ago. On admission aneurysm extends about an inch above and an inch below Poupart's ligament. Discharged on 28th day, the aneurysm being less marked than on admission. Left sac firm and much smaller than when discharged before. Readmitted 3 months later. Right ilio-femoral aneurysm, the pulsation extending 3 inches above Poupart's ligament. Transperitoneal ligature of external iliac by two ligatures of floss silk separately tied. Opening in posterior layer of peritoneum closed by fine sutures. Immediate cessation of pulsation. Recovery uninterrupted; sac firm and solid on discharge 36 days after operation.

*Celiac axis.*—Male, æt. 43. Doubtful history of syphilis. Abdominal pain after meals noticed 2½ years. Tumour not noticed till discovered by doctor 10 weeks ago. Tender rounded pulsating tumour on left side between umbilicus and costal margin about size of orange. Somewhat movable, and only just reaching to mid line. Pulsation controlled by pressure on aorta above. Superficial abdominal veins dilated. Systolic bruit over swelling. All arteries grossly diseased. Sudden death on 3rd day. P.M.—Abdominal cavity contained over 4 pints of blood, mainly clotted. Aorta and its large branches grossly atheromatous. Celiac axis dilated and soon expanded into large sac size of orange, from which its branches were given off. Superior mesenteric was derived from this, and aneurysm had spread chiefly in this direction. Sac had first ruptured into upper part of mesentery. One layer of this membrane had subsequently ruptured into peritoneal cavity.

*Venous aneurysm.*—Male, æt. 30. Soft compressible swelling over right elbow, noticed 4 years. Proved to be an aneurysmal dilatation attached by single narrow neck to deep median vein. Removed.

*Varicose veins.*—Males 46, females 7. C. 50, R. 1, U. 2. Perinæal 1; lower extremity 52, right 14, left 18, double 20. Eczema 1; albuminuria 1; varicocele 6. Candidate for one of the public services 20. Excision of perinæal varicosity 1; excision of portions of vein between ligatures 50, suppuration of wound 14. No operation 2. Hæmorrhage after concurrent excision of varicocele 2.

*Varicocele.*—Males 49. C. 43, U. 6. Right 2, left 45, double 2. Previous operation 1. Candidate for one of public services 23. Removal portion of veins between ligatures 35; subcutaneous ligature 8; no operation 6. Wound reopened for hæmorrhage 1; suppuration 4; orchitis 2; erysipelas 1. Left inguinal hernia for which radical cure performed 1.

*Phlebitis and thrombosis.*—Males 4, females 4. C. 7, R. 1. Axillary vein 2, both males, without phlebitis and no cause detected. Lower extremity 6. Suppuration 1. Incisions 2.



*Gangrene.*—Males 3, females 2. C. 3, D. 2.

1. Male, æt. 30. Prick of index finger 1 week. Whitlow, followed by gangrene. Incisions, spontaneous separation of gangrenous portion.

2. Male, æt. 53. Previous gangrene 5th toe left foot 2 years ago. Moist gangrene of right foot supervening on suppurating corn. Gangrene of great toe and dorsum of foot, spreading rapidly with extensive lymphangitis of leg. Temperature 104·2°. Circular amputation of thigh in lower third. Some solid œdema. Main vessels very atheromatous. Drained. Some suppuration. Discharged cured on 51st day.

3. Female, æt. 80. Numbness and inflammation 4 weeks. Gangrene 10 days. Dry gangrene 3 outer toes of left foot, dorsum inflamed. Popliteal pulse much weaker than opposite side. Circular amputation just above knee. Arteries calcareous at point of division. No complications. Discharged cured on 54th day.

*Fatal cases.*

1. Female, æt. 49. Gangrene of left hand 14 days with sudden onset, probably embolic. Dry gangrene tips of fingers, rest of hand and forearm mottled, purple, and œdematous. Brachial pulse felt to middle of arm. Circular amputation at middle of arm. Artery plugged where divided, though pulsating almost up to this spot. Death 7 days after operation. P.M.—Fatty degeneration of heart. Valves normal. Patchy atheroma of aorta. Lower part of left axillary and upper part of brachial contained firm dark ante-mortem clot. Lungs deeply congested. Numerous decolorised infarcts on surface of kidneys.

2. Male, æt. 62. Numbness and tingling of left foot noticed 6 months, accompanied by redness and swelling. Ulceration commenced 5 weeks later. Grew steadily worse. Left foot and leg nearly to knee swollen and red. Gangrene of 2nd and 3rd toes and portion of dorsum. Sloughing ulcer in centre of dorsum exposing tendons. Heart enlarged, arteries diseased. Amputation of leg in upper third. Both arteries found nearly occluded. Suppuration, but stump was sound when sudden death occurred 33 days after operation, with dyspnoea. P.M.—Stump perfectly healed. Gross disease of aorta, iliac and cerebral arteries. No clot in left femoral. Right lung œdematous throughout. A branch of pulmonary artery contained a square-ended plug of clot, firmly wedged in the vessel and in all probability embolic. No clot in any other branch of pulmonary artery. Mitral and aortic valves atheromatous, left ventricle dilated and hypertrophied. Left kidney small and cystic, with compensatory hypertrophy of right.

*Diabetic gangrene.*—Males 7, females 2. R. 2, U. 2, D. 5.

1. Male, æt. 60. Gangrene of right great toe commenced 10 weeks ago. Great toe dry and shrivelled up to middle of proximal phalanx. Posterior tibial pulse feeble. Passing large quantity of sugar in urine. Discharged on 25th day.

2. Male, æt. 58. Commenced 2 weeks ago. Ulcer over ball of right great toe, with black base and purple edge. Red blush extending to ankle-joint. No pulsation in either tibial. Considerable quantity of sugar in urine. Refused amputation, so discharged on 5th day. Readmitted 4 days later. Gangrene moist, some extension. Circular amputation of thigh in lower third. Artery calcareous where divided. Urine free from sugar for 14 days before discharge on 46th day.

3. Male, æt. 70. Commenced 3 weeks before admission. Dry gangrene of right

great toe. Partial line of separation, but spread beyond it. Urine contained sugar 16 grains to the ounce. Discharged at own request on 28th day.

*Fatal cases.*

1. Male, æt. 63. Sore caused by nail for 6 years. Acute symptoms 5 weeks. Dry gangrene of left great toe and dorsum of foot. Redness and œdema halfway to knee. Urine contained sugar 26 grains to the ounce. Grew rapidly worse. Coma and death on 8th day. P.M.—Atheroma of aorta, iliac and femoral arteries. Atheroma of aortic and mitral valves. Lungs emphysematous and congested. Liver fatty.

2. Male, æt. 53. Sudden itching sensation in thigh 9 days ago. Gangrene commenced 2 days later. Right limb dusky, mottled, and cold to just above knee. Foot slaty black. Femoral artery can be felt as hard cord, no pulsation. Considerable quantity of sugar in urine. Circular amputation of thigh in upper third. Both artery and vein filled with black clot at point of division. Gangrene and emphysema of stump. Death on 3rd day after operation. P.M.—Moderate atheroma. Right external iliac artery from origin downwards plugged by firm partly decolorised clot. Mitral valve incompetent. Kidney hyperæmic. On microscopic examination pancreas showed no change.

3. Female, æt. 68. Three months' history. Two patches of gangrene in sole of right foot, including 2nd toe, moist and black. Urine contained 532 grains of sugar on 1st day. Circular amputation of thigh in lower third on 9th day. Troublesome diarrhœa. Death 35 days after operation. P.M.—Adherent pericardium. Atheroma of valves and aorta. Contracted granular kidneys. Arteries of limb extensively diseased. Sinus in stump leading to bone.

4. Female, æt. 59. Ran rusty nail into right foot 6 weeks before admission. Amputation of toe by a doctor. Gangrene of stump of toe and adjacent part of foot. Sugar in urine. Creolin bath. Diarrhœa, followed by coma, and death on 36th day. P.M.—Extensive atheroma throughout aorta. Posterior tibial much diseased on affected side. Pancreas small and firm.

5. Male, æt. 70. Commenced 2 weeks before admission. Ulcer between 4th and 5th left toes, black moist patch on dorsum spreading from this. Redness extending halfway up leg. Sugar in urine. Gangrene spread with lymphangitis of thigh. Coma and death on 9th day. P.M.—Arteries of both lower extremities grossly atheromatous, as were arteries generally. Heart valves incompetent. Infarct in spleen. Large gall-stone. Pancreas large and firm.

#### DUCTLESS GLANDS.

*Bronchocele.*—Females 4. C. 1, R. 1, U. 1, D. 1. Operation in 2.

1. Female, æt. 17. Resident at Reading. Bronchocele for many years, began to enlarge 2 years ago. Large, firm and nearly symmetrical goitre; slight choky cough at night, no palpitation or dyspnœa. Isthmus divided, and considerable slice of gland on each side removed. Portion removed appeared healthy. Small drainage-tube at first. Uninterrupted recovery.

2. Female, æt. 13. Father has goitre. Resident at Croydon. Bronchocele noticed 1 year ago, steadily increasing in size. Large symmetrical bronchocele, with much enlarged isthmus. Slight stridor on deep inspiration, shortness of breath. Partial resection. Isthmus and portions of both lateral lobes removed, wholly parenchymatous. Trachea keel-shaped. Lower part of wound packed



with gauze. Temperature began to rise on 2nd day, reaching 103° on 3rd, and 103·8° on 6th day. Very slight discharge from wound. Cough with some expectoration. Death 8 days after operation, temperature reaching 104·4°. P.M.—Small collection of pus on right side. No mediastinal suppuration. Several ounces of purulent fluid in left pleura. Scattered patches of broncho-pneumonia in both lungs.

## DIGESTIVE SYSTEM.

*Hernia.*—See Special Table I.

*Spasmodic stricture of œsophagus.*—Male, æt. 76. Difficulty in swallowing at times for 20 years. Much emaciated on admission. Dysphagia, with regurgitation of food after short interval. Stricture felt 13 inches from teeth, admitting No. 12 bougie. Apparently dilated up to No. 16, but regurgitation continued. Feeding by long tube unsuccessful, as it never really entered stomach. Death on 29th day. P.M.—Local examination only. Very slight thickening of œsophageal wall just before entrance into stomach. No stricture found, or anything to account for interference with function. Mucous membrane more opaque over same area, no dilatation above. Stomach greatly dilated, with walls so thin as to be almost transparent. No other sign of disease.

*Acute intestinal obstruction.*—Females 2. D. 2. Both by bands.

1. Female, æt. 73. Right femoral hernia 20 years. Strangulated 14 years ago, and herniotomy performed. Bedridden for two years after this, with recurrent abscesses. Again bedridden for last 5 years. Absolute constipation 9 days before admission with pain; vomiting 5 days. Death 4 days after admission. P.M.—Tense right femoral hernia size of small cocoa-nut, containing 2 feet of small intestine and omentum, only slightly congested. Just above entrance to femoral canal lay a tightly strangulated loop of small intestine nipped by the mesentery of the gut in the hernia. Line of constriction showed a deep sulcus of dead white colour. Wall of included loop gangrenous. Chronic interstitial nephritis on both sides.

2. Female, æt. 44. Cœliotomy for suppurating dermoid cyst of left ovary 5 years before admission. Has had an enlarging ventral hernia for several years. Pain and vomiting for 4 days with sudden onset. All the symptoms of acute obstruction combined with an enormous ventral hernia, skin over which is reddened, tender, and œdematous. Exploration day of admission. Sac contained much matted and adherent intestine. One small knuckle was tightly bound down by adhesions, and gangrenous. Adhesions freed as far as possible. Gangrenous knuckle was stitched to sides of incision, and gut opened, evacuating a pint of offensive fluid fæces. Large drainage-tube inserted into bowel. Sank, and died on 3rd day. P.M.—Artificial anus opened into small intestine 4 feet above the cæcum. Above this point whole small intestine violently distended and congested. Below this point 2 feet of bowel were firmly coiled into a ball with tough cicatricial tissue, the ball lying in the hernial protrusion and strongly adherent to it. No strangulation at neck of hernia. Omentum firmly adherent round neck of sac, but did not enter into it. Pelvis filled with inextricably matted organs. Lungs congested and œdematous. Liver fatty.

*Acute peritonitis.*—Male 1, female 1. C. 1, D. 1.

Male, æt. 9. Kicked in abdomen 6 days before admission. Abdominal pain next day, followed by vomiting and diarrhœa. On admission, abdomen distended and rigid, not moving on respiration and tender to touch. Dulness in both flanks, resonance elsewhere, the dulness shifting with position. Distended coils of intestine plainly seen. Symptoms subsided, and discharged cured on 10th day.

*Fatal case.*—Female, æt. 28. Married 7 years, no children. History of syphilis 5 years ago. Sudden onset of illness 3 weeks ago, with headache, shivering, and vomiting. Shortness of breath and diminished excretion of urine noticed. Extremely ill on admission, pulse 120, respiration 40. Abdomen tender but not rigid. Urine albuminous. Phagedænic sores of vulva and perinæum. Some blood in urine next day. Pilocarpine administered. Delirium on 2nd day, and death on 3rd. Highest temperature 102.2°. P.M.—Half a pint of yellowish purulent fluid with fæcal odour in abdominal cavity. General recent acute peritonitis. Evidence of old peritonitis. Floor of an ulcer in small intestine 2 inches above cæcum had perforated. There were 5 ulcers altogether in last foot of small intestine. The perforated ulcer was 1 inch by  $\frac{1}{4}$  inch, lying transversely. These ulcers probably not typhoid, possibly tubercular, but more probably of some other origin. Lungs deeply congested. Kidneys appeared quite normal, and other organs practically so.

*Appendicitis.*—Male 1, female 1. C. 2.

1. Male, æt. 21. Similar attack to present 3 years ago. Sudden onset 1 week ago, with throbbing pain in right iliac region. Inflammatory mass in right iliac fossa, tender, with some impairment of resonance over it. Abdomen distended. Vertical incision made day after admission over swelling, evacuating several ounces of offensive pus. Cavity irrigated, and a foreign body, probably a fæcal concretion, removed. Cavity drained. Fæcal discharge on dressings, which continued 3 weeks. Some thrombosis of veins of right lower extremity. Discharged cured on 47th day.

2. Female, æt. 11. Fall 8 days before admission. Swelling noticed 4 days before admission. Tenderness on pressure in right iliac region, with resistance and rigidity of abdomen. Symptoms gradually subsided. No definite lump felt throughout.

*Paralysis of sigmoid colon.*—Female, æt. 37. Subject to chronic constipation which was absolute for 7 weeks 2 years ago. After several slighter attacks it again became absolute 6 months ago, and a median colotomy was performed and fæcal masses removed by digital manipulation. On admission there is an artificial anus in the linea alba, and numerous hard fæcal masses can be felt in abdomen. Incision made in semilunar line, sigmoid colon opened, and several large fæcal masses extracted with finger and spoon. Wound in bowel sutured with double row of sutures, the bowel being covered with "protective" and packed round with iodoform gauze, and the abdominal wound left open. Intestine returned 2 days later. For the next 40 days treated by numerous injections, both *per rectum* and *per artificial anus*, with good results, the fluid often passing between the two openings. Another operation then performed through long incision in right semilunar line. Bowel unravelled with difficulty, and 27 inches of colon resected, including sigmoid, descending, and part of transverse colon. This piece was all enormously distended. A glass tube with rubber tube attached,

now fastened into upper end of bowel, and then inserted into lower end and brought out at anus. Lower piece of bowel invaginated over lower end of upper portion, and fixed with sutures. Intra-venous infusion of 3 pints into left median basilic vein during latter part of operation. Death occurred late next day. P.M.—A thimble was found in the pelvis, with some local peritonitis. The junction was at present perfect.

*Fæcal fistula*.—Male 1, female 1. C. 1, D. 1.

Male, æt. 17. Fæcal fistula just above outer part of right Poupart's ligament, discharging since operation for "abdominal abscess" 6 months ago. There was an ill-defined tumour to be felt in right iliac fossa. Fæcal discharge slight throughout, and had ceased before discharge on 55th day.

*Fatal case*.—Female, æt. 78. Herniotomy for strangulated right femoral hernia 4 months before, the gut being fixed *in situ*. A fæcal fistula had existed for short time, but was closed before discharge. Fæcal fistula re-established for last 10 days. Intermittent vomiting 3 weeks. Gradually sank, and death occurred on 18th day. P.M.—About a foot of lower part of ileum adherent in a knot to opening in crural canal, and gut here communicated with fistula. Connected with this by an extra-peritoneal track was an offensive abscess in right side of pelvis. Pelvic veins healthy, but upper part of deep femoral and saphenous contained septic clot. Contracted granular kidneys.

*Impacted biliary calculi*.—Female, æt. 39. Inflammation of liver 3 years ago, with pain and clay-coloured fæces. At this time a lump first noticed in upper abdomen, which has continued ever since, with dragging pain. Had had numerous attacks of severe pain, worse since last confinement 4 months ago. Four definite attacks of jaundice. Definite tumour reaching as low as umbilicus in position of gall-bladder. Operation 9 days after admission through incision in upper part of linea semilunaris. Gall-bladder exposed, packed round, and tapped, 3½ ounces of fluid being withdrawn. Gall-bladder opened, and with finger and Volkmann's spoon a stone removed, size of large marble and faceted on its distal end. Another stone felt firmly impacted in duct, and removed with difficulty after being broken up with forceps. Peritoneal coat of gall-bladder sutured to peritoneum of abdominal wall, and the mucous coat to the fascia. Long drainage-tube inserted and connected with a bottle. Vomited during night, the vomit containing bright green bile. Bile also came freely through the tube, which was removed on 8th day. Fistula closed on 34th day, and patient discharged on 47th day after operation.

## GENITO-URINARY SYSTEM.

*Desquamative membranous urethritis*.—Male, æt. 44. Gonorrhœa 5 years ago, no other venereal disease. Complained of aching and feeling of weight in perinæum for 7 years, much worse for last 3 months, since which time urine had contained "pieces of dead skin." These are tubular, and vary in size, some being as large as a big quill and 2 inches long. These casts always passed first thing in morning. In Royal Free Hospital for same complaint 10 months ago, when reddened patches were seen in deeper urethra with urethroscope. Perinæal section on 15th day, some casts having been passed since admission. The urethra was opened on a grooved staff, and found slightly roughened. Large

catheter passed into bladder through perinæal opening, removed on 2nd day. No more membrane passed before discharge. Perinæal opening completely closed.

*Stricture of urethra.*—Males 16. C. 7, R. 5, D. 4. History of gonorrhœa 13, trauma 1.

*Situation.*—Penile 3; penile and bulbous 2; penile and membranous 1; bulbous 6; membranous 1; multiple 1; unstated 2.

*Treatment.*—Catheters 6; continuous catheterisation 4; internal urethrotomy 1; external 1; perinæal section 1; abscess incised 3.

*Complications.*—Rigors 5; gleet 1; cystitis 3; enlarged prostate 3; peri-urethral abscess 4; suppression of urine and uræmia 1; extravasation of urine 1; pyæmia 1.

#### *Fatal cases.*

1. Male, æt. 44. Gonorrhœa twice 20 years ago. Admitted with temperature 102.4°, and strictures in penile and spongy portions. Death on 6th day. Pyæmia. (See Special Table III.)

2. Male, æt. 52. Stricture for some years, and had been passing catheter for himself. Passed blood night before admission after passing catheter. On admission semi-conscious, temperature 101°, bladder empty. Eyes examined, but nothing found. Coma deepened, loins were dry cupped, and pilocarpine injected. Death day after admission, temperature falling to 96°. P.M.—Narrow stricture at junction of membranous and spongy portions, with a second one an inch further forward. Bladder contained turbid urine with muco-pus, dilated and fasciculated. Ureters and kidneys appeared normal. Lungs congested. No other sign of disease.

3. Male, æt. 38. History of gonorrhœa. Pain and swelling in perinæum one week. Perinæal abscess opened on admission, and offensive pus evacuated. A stricture in bulbous portion divided from outside. Silver catheter passed down urethra and tied in. Rigor evening of operation, repeated on 2nd day. Cystitis supervened and bladder washed out. Partial suppression. Death on 12th day, temperature having been subnormal several days and dropping to 95°. P.M.—Fairly tight stricture in bulbous portion, with cavity of peri-urethral abscess. Abscess of prostate. Bladder dilated and hypertrophied, and mucous membrane of dirty slate colour. Ureters normal. Pelves dilated, and cortex of kidneys thinned. Numerous small abscesses scattered throughout kidneys.

4. Male, æt. 57. Difficulty in micturition 14 years, with increased frequency. Doubtful traumatic history. Tortuous stricture in penile urethra, prostate somewhat enlarged. Urine alkaline, containing albumen and pus. Treated by catheterisation for 3 weeks, when extravasation of urine occurred. Perinæal section and urethra opened, dilated and ulcerated at this point. Other incisions made, and catheter passed through wound into bladder and tied in. Sank, and died 20 days later. No P.M.

*Retention of urine.*—Males 28. C. 14, R. 13, D. 1.

Due to stricture 18; enlarged prostate 7; stricture and enlarged prostate 1; fibrous band at neck of bladder 1; cause doubtful 1. Treated by catheters 14; continuous catheterisation 4; supra-pubic aspiration 1; supra-pubic cystotomy



4; circumcision 1; relieved by hot bath 4. Abscess incised 1; bladder irrigated 4. Cystitis 4; hæmaturia 3; peri-urethral abscess 1.

*Fatal case.*—Male, æt. 48. History of trauma 20 years ago. Retention on and off ever since. Retention 6 days, relieved by hot baths and catheters. Whalebone guide and Gouley catheter passed on admission. A larger one passed next day and tied in. Cystitis. Bladder washed out. Death on 4th day. P.M.—Firm cicatricial stricture in floor of urethra 5 inches from neck of bladder. Both lobes of prostate contained blood and clot. Bladder hypertrophied and dilated, full of offensive urine, and containing phosphatic concretions. Kidneys large, cortex full of suppurating foci. Hypostatic pneumonia.

*Extravasation of urine.*—C. 2, R. 2, D. 1. Due to stricture 3; phimosis 1; cause doubtful 1. Treatment by incisions and catheters in all, external urethrotomy 1. Urethral fistula 1, closed on discharge; rigors 1; bronchitis 1.

*Fatal case.*—Male, æt. 67. Admitted collapsed, with extravasation into scrotum and abdominal wall. No history to be obtained. Free incisions, silver catheter passed and tied in. Death next day. P.M.—Upper surface of membranous urethra ragged, healthy elsewhere. Extravasation had probably taken place from here. Bladder and ureters normal, kidneys cystic.

*Tubercular prostatitis.*—Male, æt. 26. One brother died of phthisis. Micturition painful 1 year, increased frequency, and urine last passed always thick. Intermittent hæmaturia 6 months. Severe aching pain in prostate, which was moderately enlarged and tender. Urine turbid, containing prostatic threads. Slight nodular enlargement of both epididymes.

*Enlarged prostate.*—Males 4. R. 3, D. 1. Cystitis and hæmaturia 2; uræmia 1. Supra-pubic cystotomy 1; irrigation of bladder 2; venesection 1.

*Fatal case.*—Male, æt. 68. Treated for enlarged prostate and blood-stained urine in out-patient room for several weeks. Admitted with nearly complete suppression. Dry cupping and pilocarpine followed by hot-air baths and venesection, 13 ounces of blood being withdrawn. Marked twitchings and mental excitement. On 2nd day after venesection passed 30 ounces of urine containing much albumen. Became rapidly worse, and died next day after restless night. P.M.—Prostate uniformly enlarged and fibrous, abscess in middle lobe. Chronic cystitis. Both ureters much dilated and tortuous. Pelvis distended. Hydro-nephrosis with chronic interstitial nephritis on both sides, the renal tissue being reduced to a mere shell.

*Cystitis.*—Males 6. C. 1, R. 4, D. 1. Readmission 1. Due to recto-vesical fistula 1; injections for gonorrhœa 1; cause undetermined 4. Urethritis 1; hæmaturia 1; paralytic retention 2. Irrigation of bladder in all. Cystoscope used in one.

*Fatal.*—Male, æt. 64. Pyæmia. (See Special Table III.)

#### *Urinary fistulæ—*

*Penile.*—Male, æt. 46. Syphilis 7 years ago. Fistula opened by caustic 2 years ago. Fistula in glans in site of old chancre. Plastic operation, and catheter tied in. Entirely closed.

*Perinæal.*—Males 6. C. 1, R. 4, D. 1. Readmission 1. Due to gonorrhœa, stricture and abscess 5; following on lateral lithotomy 1. External urethrotomy



1; supra-pubic cystotomy 1; catheters and steel sounds 4. Cystitis 1; sudden death 1.

*Fatal case.*—Male, æt. 48. Fistula 10 years, due to abscess following gonorrhœa and stricture. Fistula in mid-perinæum, with stricture in bulbous urethra. Rigor after catheterisation. Sloughy abscess formed, incised, and external urethrotomy performed at same time. Catheter tied in. Death suddenly 6 hours later. No P.M.

*Recto-urethral.*—Male, æt. 23. Lateral lithotomy 16 years ago. Large fistula. Rectum and urethra separated by H-shaped incision, edges of urethra sutured over catheter after freshening, and rectal opening separately closed. No. 9 soft catheter tied in. Large quantity of blood passed *per rectum* 3 hours after operation. Rectum plugged round a catheter, which controlled hæmorrhage. Wound broke down with free discharge of urine through perinæum, but this fistula entirely closed before discharge. No urine passed *per rectum* after operation.

*Recto-vesical.*—See Cystitis for one case.

*Supra-pubic.*—Male, æt. 56. Discharged 3 weeks ago after supra-pubic lithotomy, wound being completely closed. Readmitted with small abscess in old scar. Incised, urine and pus evacuated. Fistula closed before discharge.

*Lumbar.*—Males 2, female 1. R. 2, U. 1. Previous nephrotomy in all. Exploration in 1.

*Calculus*—

*Urethral.*—Males 2. C. 2. Both impacted in penile urethra, and removed by forceps after slitting meatus. Previous supra-pubic lithotomy in 1.

*Vesical.*—Males 5, female 1. C. 4, D. 2. Supra-pubic lithotomy in all males, lithotripsy in female.

1. Male, æt. 65. Symptoms for some months. Stricture just in front of triangular ligament, and 2 stones felt by sound. Internal urethrotomy performed, and the supra-pubic operation at once proceeded with. Peritoneum seen. Large stone removed from bladder, and smaller one found embedded in prostatic urethra and removed in 2 pieces. Bladder closed with sutures, and wound in abdominal wall drained. Discharged cured 19 days after operation.

2. Male, æt. 56. Renal colic 5 years ago with hæmaturia. Bladder symptoms 3 years. Two stones detected and measured by lithotrite. Removed by supra-pubic operation, the larger being size of a walnut. Bladder sutured with catgut, and abdominal wall with silkworm gut, drainage being used. Healed on discharge 26 days after operation, but readmitted in 3 weeks with urinary fistula, which closed.

3. Male, æt. 67. Ten months' history of stone. Large double inguinal herniæ. Peritoneum plainly seen at operation. Stone large, oval, and smooth. Bladder sutured with fine silk. Fascia and skin separately sutured, and wound drained. Discharged cured 31 days after operation.

4. Female, æt. 59. Admitted with large recurrent left femoral hernia, twice previously operated on. Had passed gravel. Urine contained blood, pus, and albumen. Stone felt on sounding bladder. Crushed by lithotrite, the stone being very soft. Some fragments removed with polypus forceps as they would

not pass through evacuator. Radical cure for femoral hernia 19 days later. Some cystitis, which was cured before discharge on the 64th day.

*Fatal cases.*

1. Male, æt. 56. Symptoms 6 months. Albumen in urine one sixteenth. Peritoneal reflection seen. Stone smooth, flat, and oval. Bladder sutured with silk. Fascia and skin separately sutured and drainage used. Vomiting with hiccough day after operation. Suppression of urine ensued and death occurred on 2nd day after operation. P.M.—Wound healing. Bladder wall thickened, mucous membrane rough, congested, and hæmorrhagic in places. Kidneys and ureters apparently healthy. Congestion and œdema of lungs. Recent hæmorrhages in spleen.

2. Male, æt. 30. History of stone in bladder for 20 years. Cystitis on admission and large calculus found. Peritoneum injured at operation, sutured with silk. Long potato-shaped stone weighing  $6\frac{1}{2}$  ounces. Some difficulty in removing it through bladder wound. Sides of bladder wound sutured to those of wound in abdominal wall. Drainage. Progress fairly satisfactory at first, but gradually sank with troublesome vomiting, dying on 9th day after operation. P.M.—Large sacculated left pyonephrosis. Right kidney double normal size, becoming sacculated like left, renal tissue acutely inflamed. Both ureters enormously dilated, containing stinking pus. Acute cystitis, the bladder wall being thickened and ulcerated. Lungs œdematous.

*Renal*.—Males 2, female 1. C. 3. Lumbar nephro-lithotomy 2; lumbar nephrectomy 1.

1. Male, æt. 66. Sudden lumbar pain 1 month ago. Swelling noticed a few days later. Large tense fluid swelling in left lumbar region extending downwards and forwards, reaching to mid-line below umbilicus. Urine contained a trace of blood and albumen. Aspirated, and blood-stained fluid containing no urea withdrawn. Kidney exposed by lumbar incision, incised and  $3\frac{1}{2}$  pints blood-stained fluid evacuated. A single calculus felt impacted in pelvis. Kidney removed, consisting of a large multilocular cavity and no apparent renal tissue. Did well, but deep sinus remained, and was still present when discharged on 130th day after operation.

2. Male, æt. 24. Hæmaturia 14 months with intermittent pain in left loin. Urine contained albumen, blood, and pus. Lumbar exploration, stone felt by needle. Stones reached by incision through renal substance, hæmorrhage moderate. Three calculi removed, forming cast of pelvis, infundibula, and some calyces, faceted where they abutted. Wound plugged. Progress good, no urinary fistula; discharged cured 63 days after operation.

3. Female, æt. 33. Pain in right side 18 months, urine noticed thick for 6 months. Distinct attacks of renal colic, aggravated during last pregnancy. Tumour distinctly felt in right loin. Urine contained blood and much pus. Lumbar exploration. Kidney consisted of several large cysts, containing offensive pus, and half a dozen calculi up to size of a broad bean. Kidney irrigated and drained. Free discharge of pus and urine, but the sinus was practically closed on discharge on 47th day.

*Dilated ureter*.—Male, æt. 6. Pain in abdomen 2 days, vomiting. Tumour felt in right iliac fossa. Rectal inflation had no effect on tumour. Median

abdominal exploration. Retro-peritoneal tumour found, about size of large bowel, thought to be dilated ureter. No cause discovered. Troublesome distension, no other intestinal symptoms. Again examined under chloroform before discharge, but nothing definite felt. Urine contained pus-cells and a trace of albumen a few days after operation.

*Hydronephrosis*.—Female, æt. 29. History of 4 miscarriages. Fluctuating tumour in right loin, which disappeared after admission and partially filled again. No pus or albumen in urine.

*Pyonephrosis*.—Males 2, female 1. C. 1, R. 2. Right 1, left 2. Cause undetermined in all. Lumbar incision and drainage in 2.

*Tubercular kidney*.—Male 1, females 4. R. 1, U. 3, D. 1. Right 3, left 1, double 1. Phthisis pulmonalis 2; sinus 1; previous operation 1. Lumbar incision and drainage 1.

*Fatal case*.—Male, æt. 29. Frequency of micturition with pain referred to end of penis 6 months. Attacks of right renal colic. Treated for stricture in Liverpool Infirmary 3 months ago. Urine has contained a thick white sediment 2 months. Much emaciated on admission; ulceration of prepuce. Right kidney enlarged, and tenderness on deep pressure over bladder and both kidneys. Great frequency of micturition, with dysuria; urine contained blood and pus, and amounted to 100 ounces per diem. Lumbar exploration of right kidney, tubercular disease found. Kidney irrigated and drained. Gradually sank. Death on 34th day after operation. P.M.—Tubercle of both epididymes, and two tubercular abscesses in prostate. Large tubercular ulcer on posterior wall of bladder. Much breaking-down yellow tubercle in right kidney and ureter, with ulceration; similar condition on left side. One tubercular ulcer in cæcum, with mesenteric glands. Scattered yellow tubercles throughout lungs. Numerous grey tubercles along course of both middle cerebral arteries.

*Movable kidney*.—Females 3. C. 1, U. 2. All on right side. Cardiac disease in one case. Nephrorrhaphy in one, two kangaroo tendon sutures being passed through fascia and kidney substance; drainage used.

*Hydrocele*.—Males 10. C. 10. Congenital 1; encysted of cord 1; of tunica vaginalis 8. Congenital hydrocele treated by removal of processus vaginalis and suture of external abdominal ring; encysted of cord by incision and drainage; those of tunica vaginalis by incision, drainage, and removal of portion of sac in 7 (one operation being double), by tapping and subsequent injection of carbolic acid 1. Varicose veins of legs 1.

*Hæmatocele*.—Males 2. C. 2. Both incised, drained, and portion of sac removed.

#### *Orchitis and epididymitis*—

*Syphilitic*.—Males 5. C. 3, R. 2. Double 1. Hydrocele 2; sinuses 1; testicular sensation absent 2. Delirium tremens 1; reducible inguinal hernia 1. Castration in one.

*Tubercular*.—Males 9. C. 7, R. 1, U. 1. Family history of tubercle 2. Right 2, left 6, double 1. Vas deferens affected 7; glands in groin 2; abscesses 2; sinuses 4; pus in urine 1. Castration in 8; subsequent hæmorrhage from spermatic artery 1. No operation advised in double case.

## ARTICULAR SYSTEM.

*Elbow—*

*Tubercular arthritis.*—Males 5, females 4. C. 4, R. 4, U. 1. History of trauma 1. Readmissions 3. Previous excision 3. Arthrectomy 1; excision 4; re-excision 2; scraping of sinuses 3. Tubercle of both lungs 1.

*Ankylosis.*—Males 4. R. 3, U. 1. Ankylosis fibrous in all. Due to dislocation of elbow 1; fracture lower end of humerus 1; fracture olecranon 1; separation upper epiphysis of radius and ulna 1. Massage and passive movement 3; no treatment 1.

*Wrist—*

*Tubercular arthritis.*—Males 3. R. 3. Right 1, left 2. History of trauma 1. Exploration and scraping 1; excision first row of carpus 1; complete excision 1.

*Ankylosis.*—Male, æt. 68. Fibrous ankylosis due to accident. Passive movement.

*Sacro-iliac—*

*Tubercular arthritis.*—Males 2, females 4. R. 6. Right 3, left 3. Family history of tubercle 2; history of trauma 2. Caries of cervical spine and paraplegia 1; dorsi-lumbar caries 1. Trephining of ilium 1; incision of abscess and scraping 3; incision of abscess 1; plaster-of-Paris splint 1.

*Hip—*

*Tubercular arthritis.*—Males 19, females 21. C. 2, R. 33, U. 2, D. 3. Readmissions 6. Family history of tubercle 7; history of trauma 8. Right 26, left 13, double 1.

*Duration.*—Under 3 months 9; under 6 months 4; under 1 year 14; under 2 years 10; over 2 years 3.

*Treatment.*—Anterior excision 10; posterior excision 1; abscess incised 10; exploration and scraping 18; amputation at hip-joint 2; venous infusion 1; trephining of humerus 1; aspiration of chest 1. Double Thomas 16; single Thomas 2; extension and long outside 2.

*Complications.*—Caries of os innominatum 2, humerus 1, spine 1; cystitis 1; lardaceous disease 1; suppuration in knee-joint 1; erysipelas 2. Pathological dislocation of hip 2.

*Fatal cases.*

1. Male, æt. 37. In hospital for disease of left hip 6 months ago. Discharged in single Thomas. Readmitted with large abscess over great trochanter; this incised and scraped. Posterior excision of hip 6 weeks later, joint cavity thoroughly scraped and drained. Fresh abscesses formed, needing incision. Erysipelas 14 weeks after admission, followed by second attack 9 weeks later, commencing with rigor. Limb left very œdematous. Fluctuation in left knee-joint, which on aspiration proved to be pus; joint drained. Urine now contained one third albumen, and liver reached to umbilicus. Amputation at hip-joint by Furneaux-Jordan's method. Venous infusion on operating table. Death on 2nd day after operation, 212 days after admission. P.M.—Acetabulum



cious, no perforation. Lungs œdematous. Much ante-mortem clot in heart. Lardaceous change in liver, spleen, and kidney, which were all enlarged. Stricture of membranous urethra.

2. Male, æt. 8. Previous excision of both hip-joints over one year ago. Readmitted with a tubercular sinus. Incessant coffee-ground vomiting after anæsthetic, administered while sinus was scraped. Death in 24 hours. P.M.—Bony ankylosis of right hip, firm fibrous ankylosis of left. The sinus recently scraped was unconnected with bone. Viscera healthy.

3. Female, æt. 17. Family history of tubercle. Right hip disease of 18 months' duration. Admitted with abscess. Anterior excision of hip, much pulpy tubercular membrane. Erysipelas next day. Did fairly well for 2 months, then again explored and scraped, much tubercular material being removed. Explored again 2 months later, and again 7 months after admission. This followed by second attack of erysipelas. Fluid in right side of chest removed by aspiration. Gradually sank, death occurring 394 days after admission. P.M.—Caries of stump of femur and acetabulum. Right empyema containing nearly one pint of pus. Tubercle of both lungs. Slight lardaceous change in liver and spleen. Kidneys appeared normal.

*Ankylosis.*—Males 7, female 1. C. 4, R. 2, U. 2. Fibrous ankylosis 5, osseous 3. Due to old fracture of neck 1; gonorrhœal rheumatism 2; arthritis of hip 5. Treated by passive movement under anæsthetic 1; plaster-of-Paris splint 1; osteotomy of neck 2; subtrochanteric osteotomy 2.

#### *Knee—*

*Tubercular arthritis.*—Males 18, females 9. C. 17, R. 10. Readmissions 3. Family history of tubercle 7; history of trauma 6; senile tuberculosis 1. Right 9, left 18. Primary osseous 6, of femur 3, of tibia 3; primary synovial 9; remainder undetermined.

*Duration.*—Under 3 months 2; under 1 year 9; under 2 years 6; over 2 years 10. Previous excision 1; previous arthrectomy 1; old hip disease 1; ankylosis of knee 2; marked displacement of tibia 6.

*Treatment.*—Extension and plaster-of-Paris splint 1; plaster-of-Paris splint 3; aspiration 1; arthrectomy 4, partial in one; excision 15, previous incisions 1, arthrectomy 1; scraping of sinuses 2; amputation of lower third of thigh 2.

*Acute suppurative arthritis.*—Males 2. C. 1, R. 1. Due to wound 1; probably acute epiphysitis of lower end of femur 1. Both incised and drained, continuous irrigation in 1.

*Osteo-arthritis.*—Male 1, female 1. R. 2. Marrant Baker's cysts in 1. Both treated by plaster-of-Paris splints.

*Charcot's disease.*—1. Male, æt. 44. No history of syphilis. Swelling of knee gan 2 years ago. Continued work till 2 years ago, when an injury caused knee to swell rapidly. Joint flaccid, but containing large quantity of fluid. Lateral mobility. Lipping with irregular bony outgrowths from tibia. Patella widened. Lower end of femur enlarged, with large bony outgrowth extending 8 inches up inner side of thigh. Some lipping in left knee also. Argyll-Robertson pupils, loss of knee-jerk, and hyperæsthesia in soles of feet. Optic discs



normal. No history of crises. Treated in MacIntyre, followed by plaster-of-Paris splint.

2. Female, æt. 48. Injury to right knee 10 years ago. Four years ago felt something snap in joint, and leg became swollen and discoloured from ankle to hip. Paresis of right hand and forearm 14 months ago, with tingling sensations. These symptoms subsided in 3 months. Knee again began to swell 1 year ago. Paroxysmal pains in legs and abdomen. Right knee-joint much enlarged on admission, hard and tender. Skin tense and shiny. Patella irregular, and easily displaced outwards. Partial outward displacement of tibia. No pain on movement. Knee-jerk well marked on left side. Loss of power in right hand. Argyll-Robertson pupils. Amputation of lower third of thigh. Typical Charcot's joint with much bone in capsule. Subsequent gastric crises. Transferred to Medical ward.

*Internal derangement.*—Males 3, female 1. C. 1, R. 1, U. 2. Probably all of internal semilunar cartilage. Operation in 2, the anterior end of internal semilunar cartilage being found loose in both, and removed. Suppuration in 1, followed by fibrous ankylosis in slightly flexed position.

*Ankylosis.*—Males 5, females 4. C. 6, R. 2, U. 1, Fibrous 3; osseous 6. Angular deformity 5. Due to synovitis 1; tubercular arthritis 1; after excision 3; after rheumatic fever 1; after puerperal fever 1; cause doubtful 2. Osteotomy of femur 2; osteotomy of femur and tibia 2; excision of knee 1; removal of wedge followed by amputation of lower third of thigh 1.

#### *Ankle—*

*Tubercular arthritis.*—Males 7, females 5. C. 6, R. 6. Readmissions 2. Right 5, left 7. Family history of tubercle 3; history of trauma 3. Tubercular caries of astragalus 1; tuberculosis of tendon sheaths 1, of cervical glands 1. Erysipelas 1.

*Duration.*—Under 6 months 3; under 1 year 9.

*Treatment.*—Plaster-of-Paris splints 4; scraping of sinuses 1; arthrectomy 4; excision of ankle-joint and astragalus 1; amputation of lower third of leg 1.

#### *Metatarso-phalangeal—*

*Gouty arthritis.*—Male, æt. 36. Swelling at base of great toe noticed 3 years. Hard tumour over lower third of left metatarsal bone overlapping joint. Explored, and large concretion of urate of soda outside joint removed. Head of metatarsal bone excised. Discharged cured 49 days after operation.

#### *Multiple—*

*Tubercular arthritis.*—Male, æt. 17. History 9 months. Of right hip and left knee; treated in double Thomas's splint.

*Ankylosis.*—Female 2. R. 2. Joints of upper extremity 1; hip and knee 1. Passive movement and massage in both.

## SUMMARY OF INJURIES.

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### GENERAL INJURIES.

*Burns.*—Males 26, females 32. C. 28, R. 3, D. 27.

*Situation.*—Scalp 1; face 3; head and upper extremities 4; face and upper extremities 7; face and extremities 1; face, neck, and arms 2; head, trunk, and upper extremities 6; head, trunk, and thighs 1; head, trunk, and extremities 6; trunk and extremities 7; trunk and lower extremity 1; back 4; back and arm 2; abdomen and hand 1; chest and arm 1; arms and hands 5; thighs 2; all extremities 3; general scorching and suffocation 2.

*Cause.*—Ignited clothing 34; fall into fire 6; room on fire 2; lamp explosion 10; chemicals 1; gas explosion 2; explosion of oil barrel 1; burning tar 1; electric current 1.

*Treatment.*—Primary, boracic bath 12; hot lotions 17; carron-oil 2; boracic ointment 17; iodoform ointment 9; intubation of larynx 1. Subsequent skin grafting 12; plastic operation 1.

*Fatal.*—Under 48 hours: males æt. 2 (3), 3 (2), 4 (2), 34; females æt. 11 months (2), 1, 2, 4 (2), 20, 33, 38, 44, 50, 72. Admitted with pyæmia 1. Over 48 hours: males æt. 1, 6, 9, 53; females æt. 3, 5, 69. Bronchitis 1; pneumonia 1; convulsions 1; diarrhœa 1; sudden death 1.

*Scalds.*—Males 27, females 21. C. 42, D. 6.

*Situation.*—Larynx 4; fauces 2; pharynx 1; head and neck 3; neck 1; face and arm 1; face and extremities 2; neck and arms 2; neck and trunk 3; face, trunk, and arms 2; upper extremity 2; chest 3; chest and arm 3; chest and foot 1; back and arm 1; trunk 2; trunk and extremities 3; trunk and lower extremity 6; lower extremity 1; foot 2; all extremities 3.

*Cause.*—Boiling water 32; boiling potash 1; hot tea 8; hot coffee 1; steam 1; drinking from kettle 5.

*Treatment.*—Primary, boracic bath 7; hot lotions 17; boracic ointment 12; iodoform ointment 5; tracheotomy 1; intubation of larynx 2; intubation and tracheotomy 1.

*Fatal.*—Under 48 hours: males æt. 1, 2½, 28. Over 48 hours: male æt. 4; females æt. 6 months, 1½. Meningitis 1; diphtheria 1.

No P.M. made on any case of burn or scald.

## LOCAL INJURIES.

*Scalp wounds.*—Males 50, females 10. C. 60.

*Complications.*—Bare bone 21; wound of forearm 1; contusion of shoulder 1; contusion of abdomen 1; hæmatoma over sacrum 1; gunshot wound in temporal region 1; alcoholic 15.

*Concussion.*—Males 83, females 17. C. 95, U. 1, D. 4. Alcoholic on admission 9, partial hemiplegia before accident 1.

*Complications.*—Meningitis 1; cerebral irritation 3; mental disease 1; paresis of right side 1; paresis external rectus 1; optic neuritis 1; fits 3; retention of urine 7; incontinence of urine 1; subconjunctival ecchymosis 2; epistaxis 5; hæmorrhage from mouth 1; vomiting of blood 2; hæmorrhage from ear 11 (membrane seen ruptured in 2); scalp wounds 28 (bone bare in 4); hæmatoma of scalp 15; contusions and wounds of face 7; contusions of neck 1, arm 2, thigh 2, back 3, abdomen 2; hæmothorax 1; rupture of kidney 1; fracture of radius and ulna 1, radius 1, clavicle 2, metacarpal 1, ribs 2, lower jaw 1; wound of leg 1; broncho-pneumonia 1; pneumonia 2; stricture 1.

*Fatal cases.*

1. Male, æt. 39. Signs of insanity for 3 days. Threw himself from window 28 feet on to stone pavement. On admission, large scalp wound exposing bone, no fracture. Profoundly unconscious. Pupils first contracted, then dilated; no reaction to light. Stertorous breathing. No change in condition. Death in 30 hours, temperature rising to 105·2°. P.M.—Fracture of ribs, 5th, 6th, 7th, and 8th left, and 1st right. Both pleuræ contained blood, no wound of visceral layer. Lungs infiltrated with blood. Multiple ruptures of right kidney. Skull unbroken. Large area of interstitial cortical hæmorrhage over brain, and whole organ congested with very numerous punctiform hæmorrhages.

2. Male, æt. 73. Picked up unconscious after a heavy fall. Unconscious at first, afterwards restless and wandering. Never became conscious. Signs of hypostatic pneumonia on 6th day. Death 2 days later with temperature 106°. P.M.—Fracture of left clavicle and upper 6 ribs on same side. Both lungs emphysematous, and deeply congested at bases. Liver fatty, calculus impacted in cystic duct. Kidneys somewhat granular. Skull unbroken. Brain atrophied; much fluid in ventricles and subarachnoid space. Small cavities in left corpus striatum.

3. Female, æt. 45. Subject to epilepsy. Fell from window 12 feet on to pavement. Extensive scalp wound; bone bared. Wound sutured. Conscious on admission. Temperature steadily rose from 96·6° to 105·8° 28 hours after admission, when death occurred. Complete retention of urine. No P.M.

4. Female, æt. 34. Knocked down when intoxicated 8 days before admission. No marked symptoms till day before admission, when headache was followed by delirium. Quite unconscious when admitted, respiration noisy with expiratory cry. Head turned to right; conjugate deviation of eyes to left; fundi normal. Left knee-jerk not obtained. No vomiting. Retention of urine. Fracture of lower jaw. Death day after admission, temperature rising to 105·8°. P.M.—Skull uninjured. Thin layer of blood-clot and softened brain matter lay over

whole lateral surface of right hemisphere. All cerebral blood-vessels unnaturally full, but no other hæmorrhages. General meningitis, the semi-purulent inflammatory material lying between pia and arachnoid. Pleuro-pneumonia lower lobe of right lung. Left lung congested. Fracture left ramus of lower jaw. Double pyosalpinx.

*Fractures of vault of skull—*

*Simple.*—Males 2, D. 2.

1. Male, æt. 25. Fall on to pavement 12 feet. Profoundly unconscious; pupils fixed and dilated; Cheyne-Stokes' respiration. Suddenly gasped and ceased breathing, the heart continuing to beat for a short period. Temperature 95°. P.M.—Large subdural effusion of blood over left hemisphere. Cortex much lacerated over temporo-sphenoidal and lower frontal regions. Parieto-temporal suture separated on this side. Fracture of right clavicle. Viscera normal.

2. Male, æt. 27. Fall down 7 steps on to back of head. Unconscious, with dilated unequal pupils and intermittent pulse, 48 to the minute. Small bruise on left side of occiput. In a few hours, after vomiting, became restless and violent, and sensitive to pain, the pulse increasing to 94. Next morning temperature rose to 103·6°, with profuse sweating, turgid face, and rigidity of limbs. Left pupil large and fixed; right smaller, but also fixed. Trephined over left frontal region, and black subdural clot removed. Drainage-tube inserted beneath dura mater. Coma deepened, and death ensued a few hours after operation. P.M.—Large occipital hæmatoma. The fracture extended from external occipital protuberance forwards and to the left to great wing of sphenoid, running about 1 inch above Reid's base line. Entire left side of dura mater covered by thick layer of extra-dural clot; the middle meningeal artery was uninjured. Extensive superficial laceration of brain, mainly of frontal and apex of left temporo-sphenoidal lobes, with blood-clot beneath the membranes. Blood-stained fluid in left pleura and hæmorrhage into left lung.

*Compound.*—Males 6, females 4. C. 10.

Of frontal 7, temporal 1, parietal 2; involving roof of orbit 5. Lacerated wound of eyeball 1; concussion 4; developed internal strabismus 1. Removal of bone 1; excision of eyeball 1.

*Simple depressed.*—Males 2, females 2, C. 2, U. 1, D. 1.

1. Male, æt. 12. Fall from swing. Depressed fracture frontal bone. Bleeding from nose and vomiting of blood. Two fits after admission. Headache and diplopia. Rapid improvement.

2. Female, æt. 2 months. Fall on to pavement. Triangular depression of left side of frontal bone, with smooth edges. No symptoms. Much less marked before discharge.

3. Male, æt. 13. Fall from swing 6 months ago. Depressed fracture of frontal bone. Present complaint of sudden frontal headache, dizziness, and loss of memory. To be kept under observation.

*Fatal case.*—Female, æt. 16 months. Run over by carrier's van, the wheel passing over her head. Unconscious, constant succession of fits convulsing the whole body. Conjugate deviation of eyes and head, and at times internal strabismus. Death in 7 hours, temperature reaching 105·4°. P.M.—Extensive hæmatoma of scalp. Gaping fracture extending from above left ear horizontally



round front of skull 1 inch above superciliary ridge to end above right ear. Small circular depressed fracture in left half of occipital bone. Brain matter exuded through anterior fracture. Extensive bruising and laceration of frontal lobes. Blood-stained fluid in both pleuræ, and severe extravasations into lower lobes of both lungs.

*Punctured.*—Male 1, female 1. C. 1, D. 1.

Female, æt. 4. Punctured fracture of left temporal bone, due to fall on sharp knob. No symptoms.

*Fatal case.*—Male, æt. 14. Struck on head by a falling pitch-fork. Unconscious immediately; breathing stertorous on admission. Punctured fracture  $1\frac{1}{2}$  inches in front of lambda, and just to left of mid-line. Trephined over seat of puncture. Hæmorrhage on removing the disc of bone, so opening enlarged with bone forceps, but great difficulty experienced in controlling it. Median basilic vein opened, and  $2\frac{1}{2}$  pints of normal saline solution infused. Hæmorrhage eventually controlled by pressure, pieces of sponge being placed between skull and dura mater, with pads outside. Removed from table in collapsed condition, and died 1 hour later. P.M.—The upper wall of the superior longitudinal sinus was wanting for about 1 inch at its centre. A rent in the falx cerebri in this position. Hæmorrhage into cortex of upper part left ascending parietal convolution. Deep laceration on median aspect of right hemisphere, commencing close to upper edge, 1 inch in front of fissure of Rolando, and extending back and downwards for 2 inches to the corpus callosum. The laceration extended into the lateral ventricle, which was full of black clot. A little clot in the other ventricles. Laceration of septum lucidum. Head only examined.

*Compound depressed.*—Males 6, females 2. C. 7, R. 1. Operation in all.

1. Male, æt. 39. Thrown from a cart. Quite conscious. Lacerated scalp wound, exposing small depressed fracture in right half of coronal suture. Small trephine opening made, and slight splintering of internal table found. Dura mater uninjured. Depressed fragments removed. No head symptoms. Pott's fracture of left tibia and fibula in addition.

2. Male, æt. 9. Fall from a barrow 4 days before admission. No scalp wound noticed at the time. Vomited that evening and all next day, becoming delirious the second night. On admission condition one of great cerebral irritation, wild and incoherent when spoken to. Scalp wound at vertex exposing bone, and containing fœtid pus. Explored, and a small depressed fracture exposed. Trephined, and considerable area of inner table found separate and depressed. Fragments removed. Dura mater uninjured. Drainage-tube used. Temperature continued high, and erysipelas showed itself on 3rd day. Perforation of left cornea with prolapse of iris. Discharged cured on 63rd day.

3. Male, æt. 2. Kicked by a horse. Semi-conscious on admission; subnormal temperature. Pin-hole aperture in scalp, and depressed fracture left parietal bone. A "gutter" fracture found, and depressed edges elevated. A smaller fracture lay anteriorly, and was connected with the other. Dura mater uninjured. Left internal strabismus for some days. Discharged cured on 17th day.

4. Male, æt. 32. Injured by the bursting of a high-pressure cylinder. Unconscious when picked up, but quite conscious on admission. Small scalp wound, and depressed fracture in right parietal bone, circular in shape. Trephined, dura mater found to be wounded, and one large fragment driven into brain sub-



stance, which was much contused. Bone removed; dura not sutured; drainage employed. Localised rhythmical contractions left fingers and thumb and left side of abdomen on 7th day. Drainage-tube inserted into brain on 12th day for 6 days. Discharged cured on 27th day, except for distinct loss of power in left hand, which, however, was returning.

5. Male, *æt.* 4½. Fall on to fender night before admission. Vomiting. Punctured wound ½ inch behind and 3 inches above external auditory meatus. Explored. Opening large enough to admit thumb found in skull, dura mater torn, and fragments driven into cortex. Bone removed and dura mater sutured. No drainage. No symptoms after operation. Discharged cured on 31st day.

6. Female, *æt.* 5. Fall 12 feet on to a paved road. Semi-conscious on admission. Frontal scalp wound and gutter fracture. After admission again became deeply unconscious. Explored and trephined over left frontal bone, a loose triangular piece being removed. Two extensive fissures found; dura mater punctured in one place. Drainage-tube used. No further head symptoms, but burn of back from hot-water pillow delayed discharge till 58th day.

7. Male, *æt.* 13. Knocked down by railway engine. Unconscious, and vomiting dark blood. Large compound depressed fracture over anterior part of left parietal bone. Depressed portions elevated and some removed. Extra-dural hæmorrhage. Drainage-tube used. Smaller fracture at posterior part of parietal bone then trephined and elevated. Loss of power in right hand and arm noticed on 5th day. Convergent squint of left eye. No optic neuritis. Some weakness of right leg subsequently noticed. Discharged on 56th day with loss of co-ordination as well as of power in right arm and hand, weakness of leg with feeble gait, and squint still noticeable. Distinct increasing mental weakness; disobedient and wilful at times.

8. Female, *æt.* 59. Fall from a first floor window, the head striking an open door in the fall. Compound depressed fracture of left parietal bone, with compound inward dislocation of left ankle, and comminuted fracture of astragalus and *os calcis*. No localising head symptoms. Operation some hours after admission. Trephine used, and opening enlarged with bone forceps. Large dark clot outside dura mater, extending downwards and backwards over considerable area, removed by spoon and irrigation. Fresh hæmorrhage from below, but no vessel seen. This ceased spontaneously, but brain did not expand, and smooth depression remained in the dura mater. Drained. Two hypodermics of ether given during operation, during which foot was reduced, dressed with cyanide, and put up in plaster of Paris. Drainage-tube removed on 2nd day. Recovery uninterrupted, the foot causing more pain than the head wound.

*Fractures of base of skull.*—Males 20, females 7. C. 20, R. 1, D. 6. Of anterior fossa 5, middle 10, posterior 4, anterior and middle 3, middle and posterior 3, all three fossæ 3. Hæmorrhage from nose 9, mouth 2, ear 12 (rupture of membrane seen in 2, both ears 2). Ecchymosis over mastoid 5, subconjunctival ecchymosis 8. Discharge of serous fluid from nose 1, from ear 3. Cerebral irritation 1, hyperpyrexia 1, affection of speech 1, loss of control over sphincters 4. Both membranes incised and tympana irrigated 1.

*Complications.*—Scalp wound 10 (bare bone 4). Hæmatoma of scalp 2. Injury to optic nerve 2; facial paralysis 6; paralysis of external rectus 3 (double in 1); paresis of left side 1. Compound fracture of zygoma 1; fracture of

clavicle 1, radius 1, ribs 1, tibia 1, tibia and fibula 1. Wound of temporo-maxillary joint 1, of ear 1, of arm 1.

*Fatal cases.*

1. Male, *æt.* 60. Thrown from a cab while alcoholic. Comatose on admission with stertorous breathing, and a trickle of blood from the mouth, which continued till death 3 hours later. P.M.—Fracture commenced in right half of occipital bone, running inwards and forwards under lateral sinus across temporal bone to end in the jugular foramen. Slight subdural hæmorrhage, no wound of sinus. Extensive laceration of left frontal lobe with hæmorrhage over its surface. Numerous punctiform hæmorrhages into cerebral substance. Liver very large and highly fatty.

2. Male, *æt.* 23. Fall from a tram 4 days before admission. Admitted complaining of headache and vomiting. Never unconscious. Became restless and wandering in speech, with constant yawning. Comatose on 9th day after admission, no control over sphincters. Temperature began to rise on 11th day, reaching  $106^{\circ}\text{F}$  after death on 13th day. P.M.—Subdural hæmorrhage over whole of right hemisphere, no clot between the convolutions. Bruising of base of temporo-sphenoidal lobe. Fracture across right petrous bone with separation of occipito-mastoid suture.

3. Male, *æt.* 44. Thrown from a cab. Excited on admission, said to have been unconscious 10 minutes. Blood-stained watery discharge from nose next day, stiffening linen, and continuing for 30 hours. Ecchymosis over right mastoid on 4th day. Temperature  $102^{\circ}\text{F}$  before death on 9th day. P.M.—Extra-dural hæmorrhage under right posterior quadrant of skull. Contusions of under surface of frontal lobes. Separation of right parieto-occipital and petro-occipital sutures with fracture of petrous bone.

4. Female, *æt.* 69. Fall while walking. Unconscious on admission. Scalp wound in right occipital region, with proptosis of left eye. Right facial paralysis supervened. Death in 12 hours. Temperature  $103^{\circ}\text{F}$ . P.M.—Linear fracture commencing 1 inch to left of occipital protuberance ran horizontally to anterior fossa, turning down across orbital roof to cribriform plate. Independent fracture of roof of tympanum on left side. Extensive extra-dural hæmorrhage. Subdural hæmorrhage over vertex and base. Bruising of right frontal and temporal lobes. Interstitial hæmorrhages in pons. Cirrhosis of liver. Bladder contained 30 ounces of urine.

5. Female, *æt.* 44. Fall downstairs. Unconscious. Free hæmorrhage from left ear. Superficial scalp wound. Left facial paralysis. Became conscious night after admission. No control over sphincters. Rigidity of left arm. Some proptosis of left eye. Coma again deepened, death occurring on 14th day. P.M.—Extensive radiating fracture of base of skull involving all 3 fossæ on left side. Right hemisphere generally bruised, and the temporo-sphenoidal lobe broken up into a large blood-clot. Local examination only.

6. Female, *æt.* 2. Death in Casualty. P.M.—Extensive fracture of base of skull with wide separation and much splintering. Fracture ran from right into left anterior fossa in front of sella turcica, across middle fossa, under lateral sinus into left posterior fossa to end in foramen magnum. Several secondary fractures. Brain practically uninjured. Minute petechiæ over anterior surface of heart.

*Fractures of vault and base.*—Males 5, female 1. C. 1, D. 5.

Male, æt. 4. Fall from second story window. Explored, and long linear fracture found running downwards and inwards from main injury in right frontal bone, reaching into anterior fossa, there being great effusion of blood into and under lids. Large piece of skull loose but level with the rest. Some brain matter came away at once, nothing done. No drainage. Some discharge from left ear, and temperature reached 103°. Recovery otherwise uninterrupted.

*Fatal cases.*

1. Male, æt. 15. Thrown from a cart. Quite conscious, but cerebation slow. Temperature 95·8°. Lived 14 hours with no material change. P.M.—Fissured fracture running vertically from a point 2 inches above and behind left ear downwards across roof of petrous bone. Large extra-dural clot, no wound of middle meningeal, although fracture traversed the groove for its posterior branch. Bruising of all the salient points of the brain.

2. Male, æt. 1 year and 8 months. Death directly after admission. No clinical notes. P.M.—Linear fracture passed backwards from one inch below right parietal eminence, bifurcating close to the occipital protuberance. One limb traversed left posterior fossa, the other took a similar course on right side, terminating just below posterior margin of the petrous bone. Extra-dural clot. Brain uninjured. Rupture of great omentum, with fluid blood in abdominal cavity.

3. Male, æt. 3. Fall from third story. Unconscious on admission, hæmorrhage from right ear. Death in 1 hour. P.M.—The majority of the cranial bones were extensively fractured, the left parietal being completely broken up. Transverse fractures occupied all the fossæ of the base on both sides. Sub-arachnoid effusion of blood over the left hemisphere. Blood-stained fluid in the lateral ventricles, no cerebral laceration. Almost complete transverse rupture of spleen. Superficial transverse rupture of left kidney. Peritoneal cavity contained 2 pints of blood. Fracture of lower end of left humerus.

4. Male, æt. 4. Run over by four-wheeled cart. Completely conscious throughout. Death in 24 hours, the temperature reaching 104·2°. P.M.—Fracture passed from in front and to the left of the right parietal eminence back to the posterior fossa of the base, where it finally bifurcated so as to separate basilar portion from remainder of occipital bone. Laceration of dura mater in posterior fossa. Contusion and laceration of brain substance. Fracture of left clavicle and 4th to 6th ribs on right side. Fracture of lower jaw.

5. Female, æt. 3. Run over by four-wheeled cab. Conscious on admission. Temperature rose to 102·4° before death in 10 hours. P.M.—Vertical fracture extended from 2 inches above left ear, backwards and downwards to end near the jugular foramen. Brain and membranes uninjured. Fracture of right ribs 6th to 9th in two places. Deep laceration of left kidney.

*Depressed fracture of vault and base.*—Males 2. C. 1, D. 1.

Male, æt. 13. Fall 30 feet on to stone steps. Right-sided convulsions before admission. Semi-conscious on admission, and sensitive to pain. Extensive bruising of scalp and face. Hæmorrhage from nose and right ear. Crepitus obtained at margin of left orbit. Proptosis of left eyeball. Operation 8 hours after admission, the hæmatoma having much increased. Extensive depressed fracture of left frontal bone found, the lines of fracture running towards vertex,



temporal region, and into roof of orbit. Large depressed fragment elevated. Frontal bone trephined for drainage and tube inserted. Considerable escape of brain matter and blood. Quite conscious after operation, and recovery uninterrupted, the drainage-tube being removed on 4th day. Discharged cured on 24th day.

Male, æt. 21. Fall 15 feet from a hay-cart on to the iron hatchway of a barge. Unconscious just after the accident. Driven at once to the hospital, and walked into the Casualty, being then fully conscious. Depressed fracture in left temporal region, and free escape of cerebro-spinal fluid from left ear, with nasal hæmorrhage. Became unconscious with stertorous breathing; trephined 2 hours after admission for meningeal hæmorrhage. Extra-dural hæmorrhage, but no bleeding point found, and hæmorrhage ceased. Extensive depressed fracture, fragments elevated. Temperature rose continuously next day to 108·2°, when death occurred. P.M.—Fracture commenced 1 inch to left of centre of vertex, extending forwards and downwards to a little above the margin of the left orbit, where it bifurcated. The outer limb skirted the outer margin of the orbital plate, the inner passed into the ethmoid. A separate fracture involved the left squamous and parietal bones. Some depression remained here. Fissured fracture of right middle fossa. Extensive extra-dural hæmorrhage, due to rupture of left middle meningeal artery. Dura mater torn. Superficial laceration of brain substance. Blood-stained fluid in right pleura.

*Compound fracture of vault and base.*—Males 3, D. 3.

1. Male, æt. 14. Death in Casualty. No clinical notes. P.M.—Fracture commencing 1 inch below left parietal eminence, described an almost complete circle of 4 inch radius, skirting occipital protuberance, and reaching opposite parietal eminence, whence it passed to the left supra-orbital notch and into the base, detaching the left orbital plate. Laceration of dura mater, and 3 separate lacerations of brain.

2. Male, æt. 44. Fall from second story. Comatose on admission. Cheyne-Stokes' respiration. Severe hæmorrhage from extensive scalp wound. Damage to cranium too extensive for operation. Complete right hemiplegia supervened, followed by paralysis of left side. Death in 6 hours. P.M.—Wide separation of coronal suture. Linear fracture of left middle fossa, extending nearly to cavernous sinus. Similar fracture on right side. Hæmorrhage into membranes over greater part of left hemisphere. No bruising of cortex of brain.

3. Male, æt. 24. Two self-inflicted bullet-wounds. Completely unconscious. Wound in right temple  $\frac{3}{4}$  inch behind external angular process. Circular wound in posterior part of hard palate. Slight bleeding from right ear. Complete left hemiplegia. Right pupil inactive. Next day slight twitchings of left arm and leg, with vomiting of black blood. These movements increased. Wound in right temple explored, and bullet found to have passed into skull. Trephined over fissure of Rolando, and dura mater opened, setting free some blood. Small laceration of brain noticed. Drainage-tube inserted into both openings. Occasional movements of left side continued. Became noisy with incoherent talking. Death on 3rd day, temperature 104·4°. P.M.—The temporal bullet had entered at apex of right temporo-sphenoidal lobe, and was found in the superficial part of right crus, having divided the 3rd nerve in its course. The track showed

much laceration of brain substance with hæmorrhage. A narrow line of extravasation ran from trephine opening down to right lateral ventricle, probably marking passage of probe. The buccal bullet was found embedded in the apex of the right petrous bone, and had not entered cranial cavity.

## INJURIES OF CHEST, ABDOMEN, SPINE, AND PELVIS.

*Wound of lung*.—Male, æt. 10. Stabbed by a knife. Punctured wound in 9th left intercostal space in posterior axillary line; subcutaneous emphysema around wound. Pneumothorax with loss of heart dulness. Complete dulness behind. Attacks of dyspnœa. Dulness extended forwards to anterior axillary line, and from base of lung to 3 inches above wound. Temperature 101·4° on 2nd day, then rapid improvement.

*Rupture of lung*.—Male, æt. 16. Run over by omnibus. No movement right side of chest; no hyper-resonance; breath-sounds slight. Loss of liver dulness. Death in 2 hours. P.M.—No fracture of bone. Right pneumothorax with a little blood in pleura. Deep rupture of upper lobe of right lung. Air in mediastinal tissues, neck, and about right kidney. Complete transverse rupture right kidney, slight laceration of left. Slight lacerations right lobe of liver and spleen. Bruising of stomach and descending colon. Retro-peritoneal extravasation of blood, with free blood in peritoneal cavity.

*Fracture of ribs*.—Males 15, females 2. C. 11, D. 6.

Subcutaneous emphysema 6; hæmoptysis 3, hæmaturia 1, melæna 1; pneumonia 4, bronchitis 1; scalp wound 1, wound of elbow 1, multiple contusions 1; rupture of spleen 1, of liver 1. Fracture of clavicle 2, scapula 1, sternum 1; subcoracoid dislocation 1.

### *Fatal cases.*

1. Male, æt. 33. Death in Casualty. P.M.—Fracture of right ribs from 4th to 9th. Lung wounded, right pleura full of air and blood. Laceration of diaphragm. Abdomen full of air and blood. Rupture of liver, one half lying free. Extensive retro-peritoneal extravasation.

2. Male, æt. 63. Run over by omnibus. Reduction of subcoracoid dislocation. Spat up much frothy blood. Died on 2nd day. P.M.—Compound comminuted fracture of left clavicle. Fracture of left ribs 1st to 4th, of sternum at junction of manubrium and gladiolus, and of right ribs 1st to 5th. Comminuted fracture of left scapula. Wound of left lung.

3. Male, æt. 76. Run over. Depression right side of chest with emphysema. Lived 5 days. P.M.—Fracture of right ribs 1st to 7th in two places; blood in pleura. Hypostatic pneumonia left lower lobe. Anterior mediastinum infiltrated with blood.

4. Male, æt. 64. Run over. Death on 9th day. P.M.—Fracture of right ribs 2nd to 11th, and left 5th to 8th. Hypostatic pneumonia both lungs.

5. Male, æt. 38. Run over. Developed pneumonia, dying on 8th day. P.M.—Fracture of left ribs 7th and 8th. Pneumonia of right lower lobe. Deep laceration of spleen. Much blood in abdominal cavity.



6. Male, æt. 65. Fall 18 ft. Pneumonia, and death on 8th day. P.M.—Fracture of right ribs 3rd to 7th. Pneumonia of left lower lobe.

*Bullet wound of cervical spine.*—Male, æt. 40. Self-inflicted. Wound of palate and pharynx with œdema. Hæmorrhage from pharynx. Tracheotomy. Death in 3 hours. P.M.—Ragged hole in soft palate in left posterior part; clean nearly median hole in back of pharynx. Small pistol bullet impacted at junction of 1st and 2nd cervical vertebræ, without splintering. Larynx and air-passages contained considerable quantity of fluid blood. Obsolete phthisis.

*Fractures of spine.*—Males 2. D. 2.

1. Male, æt. 34. Knocked down by locomotive. Complete paralysis of limbs and intercostal muscles. Abolition of deep and superficial reflexes. Retention of urine; penis semi-turgid. Temperature rose to 104·6° before death in 18 hours. P.M.—Transverse fracture of 4th cervical vertebra with considerable separation of fragments. Condition of cord not stated. Much effusion of blood over vertebræ. Large scalp wounds. Complete smash of toes of left foot.

2. Male, æt. 25. Death in Casualty. P.M.—Fracture of spinous process of 6th dorsal vertebra, with separation of body of 4th from 5th, the disc being detached. Extra-meningeal hæmorrhage, none inside. Fracture of ribs, 2nd left and 3rd and 4th right. Recent hæmorrhage in right lung.

*Penetrating wound of abdomen.*—Female, æt. 67. Self-inflicted. Jagged wound 3 inches above and slightly to left of umbilicus. Through this the liver could be felt. Wound closed. No complications.

*Rupture of mesentery.*—Male, æt. 25. Death shortly after admission. P.M.—Nearly two pints of free blood in peritoneal cavity, with much retro-peritoneal effusion. Extensive lacerations of mesentery. Intestine much damaged, but nowhere absolutely ruptured. Contusions of left kidney. No injury of great vessels.

*Rupture of liver.*—Death on day of admission. P.M.—Fluid blood in abdominal cavity. Large deep laceration of liver, nearly dividing it into two. Laceration of spleen. Fracture of 6th and 7th right ribs with wound of pleura. Transverse fracture right tibia and fibula at junction of middle and lower thirds.

*Rupture of urethra.*—Males 8. C. 8. Partial rupture in 2. Suture of urethra 4; subsequent rigors 3 (temperature 107·2° in one case). Extravasation 1. Previous stricture 1. No fistula on discharge in any case.

*Fracture of pelvis.*—Males 6, female 1. C. 4, D. 3.

Fracture crest of ilium 5 (compound 2). Rupture of bladder 1. Compound hæmatoma of thigh with suppuration 1. Concussion 1. Fracture of clavicle 1, ribs 1; compound fracture of foot 1, tibia and fibula 1.

*Fatal cases.*

1. Male, æt. 31. Knocked down on railway. Death shortly after admission. P.M.—Fracture both sides of pelvis through pubic rami and obturator foramina, with fracture-dislocation of both sacro-iliac joints. Extravasation of blood in pelvic connective tissue. Left foot and ankle crushed out of shape.

2. Male, æt. 7. Death in Casualty. P.M.—Fracture left horizontal ramus of

pubes; similar fracture on right side, with another into foramen ovale. Large laceration posterior wall of bladder, with extravasation into pelvic and retro-peritoneal tissues as high as kidney. Compound fracture lower end of tibia and fibula.

3. Male, æt. 55. Death on day of admission. P.M.—Comminuted fracture left iliac crest, with much effusion of blood. Fracture left clavicle and upper 6 ribs. Wound of left pleura, which contained blood.

## INJURIES OF THE UPPER EXTREMITY.

### *Wounds—*

*Arm.*—Males 2, females 2. C. 4. Division of biceps and coraco-brachialis 1. Wound of forearm 1; hæmatoma of arm 1, of thigh 1. Muscle suture 1.

*Elbow-joint.*—Male, æt. 36. Run over by van. Extensive lacerated wound at right elbow, with rupture of brachial artery, and wound of joint. Main nerves all seen but uninjured. Ligature of brachial artery. Extensive suppuration and sloughing. Treated by irrigation and constant bath.

*Forearm.*—Males 6, females 2. C. 7, D. 1. Division of ulnar artery 2, radial artery 1; ulnar nerve 3, median nerve 1; tendons of flex. carp. rad. 3, flex. carp. uln. 4, palm. long. 3, flex. subl. dig. 4, flex. prof. dig. 2, ext. comm. dig. 1. Nerves and tendons sutured, and arteries ligatured in all.

*Fatal case.*—Male, æt. 49. Pyæmia. See Special Table III.

*Hand.*—Males 11, females 3. C. 12, R. 2. Bullet-wound 1; gun explosion 1; wound of metacarpo-phalangeal joint of thumb 1, of inter-phalangeal joint ring finger 1. Division of radial artery 1; superficial palmar arch 2; digital nerve 1. Division of tendons: flexors 3rd finger 1; flexors 5th finger 1; flex. subl. dig. 2nd finger 1; ext. comm. dig. 3rd finger 1; flex. long. poll. 1; abd. poll. 1; flex. oss. metacarp. poll. 1. Sloughing of all extensor tendons with necrosis of phalanges 1. Treated in boracic bath 2; perchloride of mercury bath 1. Amputation of finger 2; trimming amputation of fingers 2; extraction of bullet 1; secondary amputation above wrist 1.

### *Dislocations—*

*Humerus.*—Males 2, females 3. C. 2, U. 2, D. 1. All subcoracoid. Right 4, left 1. Reduction under anæsthetic 2, duration 1 day and 69 days respectively. Attempted reduction 1, duration 9 weeks. No treatment, the movements being good, 1, duration 9 months.

*Fatal case.*—Female, æt. 48. Duration 4 months. Reduction by open operation. Pyæmia. See Special Table III.

*Compound of elbow.*—Female, æt. 47. Fall on to elbow off kerb. Displacement backwards and outwards. Wound at bend of right elbow over trochlea. Rupture of internal lateral ligament.

*Compound of wrist.*—Male, æt. 37. Fall of a box on to left wrist. Dislocation of carpus backwards with styloid process of radius. Lower end of radius projected through front of wrist, with comminution of articular surface. Flexor

tendons, vessels, and nerves tightly stretched over bone but uninjured. Reduced under anæsthetic. Readmitted with swelling on 26th day. Incisions, no suppuration.

*Phalanx*.—Female, æt. 11. Dislocation 1st phalanx of index finger backwards 5 weeks. Tenotomy of ligaments and reduction.

*Fractures*—

*Clavicle*.—Male, æt. 28. Fall 2 stories. Contusions.

*Scapula*.—Male, æt. 74. Direct violence. Oblique fracture of infra-spinous plate. Fracture of right ribs 8th to 10th.

*Humerus*.—Males 7. C. 7. Comminuted 1. Right 3, left 4. Direct violence 6, indirect 1. Surgical neck 1; junction upper and middle thirds 3; middle and lower thirds 1; transverse above condyles 1; separation lower epiphysis with fracture into joint 1; greenstick 1; scalp wound 2; crushed fingers 1.

*Compound of humerus*.—Males 5. C. 5. Comminuted 4. Left 5. Direct violence in all. Middle third 2, lower third 3. Avulsion of forearm 1; wound of elbow-joint 2; necrosis of humerus 1. Circular amputation of arm 1; flap amputation of arm 1.

*Radius and ulna*.—Male 1, female 1. C. 2. Right 1, left 1. Direct violence 1, indirect 1. Lower third 1. Colles' fracture with fracture of olecranon 1. Contusions of spine 1.

*Compound of radius and ulna*.—Males 4. C. 3, R. 1. Comminuted 1. Right 3, left 1. Direct violence 1, indirect 3. Middle third 1, junction middle and lower thirds 2, lower third 1. Involving wrist-joint 1. Removal portion radius and ulna 1.

*Ununited of radius and ulna*.—Male, æt. 39. Compound comminuted fracture in middle third 69 days before.  $2\frac{1}{2}$  inches of radius and 1 inch of ulna removed with periosteum. Explored 3 months after accident. Interval of  $2\frac{1}{2}$  inches found. Transplantation of rabbit's femora performed, the ends being inserted into holes bored in radius and ulna. Discharged in plaster-of-Paris. Readmitted 7 months after accident. Bones still ununited. Massage. Discharged relieved on 56th day.

*Radius*.—Females 2. C. 2. Right 2. Direct violence 1, indirect 1. Lower third 2. Scalp wound 1; contusion of knee 1.

*Ulna*.—Male, 1, female 1. C. 1, D. 1. Right 1, left 1. Both of olecranon. Direct violence 1, muscular action 1. Both wired.

*Fatal*.—Female, æt. 28. Subject to fits. Fall downstairs one month before admission. Retention of urine, necessitating use of catheter ever since accident. Mentally dull, retention of urine, and loss of control over rectum. Urine albuminous. Fits in hospital. Olecranon wired with single wire. Temperature reached  $103\cdot2^{\circ}$  on 4th, and  $104\cdot2^{\circ}$  on 5th day after operation. Wound healthy. Urine ammoniacal with pus and albumen. Urine became worse, diarrhœa supervened, and finally coma. Death on 14th day. Highest temperature  $105\cdot2^{\circ}$ . P.M.—The olecranon wire had broken. Bladder full of clot and fluid blood, submucous hæmorrhages. Numerous small ulcers of mucous membrane. Right kidney very large, pelvis dilated, cortex riddled with small abscesses. Similar

condition of left kidney, which was much smaller. Ureters healthy. Hypostatic congestion of base of right lung.

*Compound of ulna.*—Males 2. C. 2. Right 1, left 1. Both of olecranon. Direct violence in both. Wiring 1; erysipelas and suppuration in this case.

*Compound of hand.*—Males 10. C. 10. Traumatic gangrene 1. Creolin bath 1, boracic bath 2, perchloride of mercury bath 1; excision metacarpo-phalangeal joint 1; trimming amputation of fingers 3.

*Compound comminuted of hand.*—Males 3, female 1. C. 4. Perchloride of mercury bath 1; trimming amputation of fingers 3.

## INJURIES OF THE LOWER EXTREMITY.

### *Wounds—*

*Buttock.*—Males 3. C. 2, R. 1. Punctured 2. Large hæmatoma 1. Bronchitis 1. Punctured wound along side of rectum probably wounding peritoneum, with temperature 104·8°, in one case.

*Thigh.*—Males 3, female 1. C. 4. Division of quadriceps 1. Old infantile paralysis 1. Muscle suture 1, skin-grafting 2.

*Leg.*—Males 6, females 3. C. 9. Gunshot 1. Of popliteal space 2. Division of tendons ext. prop. hall. and ext. long. dig. 1. Tendons sutured 1. Skin grafting 1.

*Foot.*—Males 2, females 2. C. 4. Recurrent hæmorrhage 1. Trimming amputation 1.

*Knee-joint.*—Males 4, female 1. C. 4, R. 1. Punctured 4, incised 1. Synovitis 4; septic arthritis 1. Arthrotomy and drainage 2.

### *Dislocations—*

*Hip.*—Males 3. C. 3. Dorsal 2, thyroid 1. Fall over gate-stone with load on back 1; knocked down by van 1; slip off pavement 1. All reduced by manipulation.

*Compound of phalanges.*—Male, æt. 1½. Fall from train in motion. Dorsal dislocation of several distal phalanges. Doubtful rash with temperature 103·4°.

### *Fractures—*

*Femur.*—Males 41, females 16. C. 57. Readmitted 1. Right 30, left 27. Direct violence 19, indirect 38. Greenstick 1. Oblique 16, transverse 41. Upper third 1, junction of upper and middle thirds 10, middle third 32, junction of middle and lower thirds 9, lower third 5.

*Complications.*—Simple fracture of tibia and fibula 1, patella 1, olecranon 1, sternum 1; contusions of abdomen 1; scalp wound 1; crush of hand 1. Pneumonia 1, bronchitis 2, bed sore 1. Rickets 2, old rickets 2.

*Treatment.*—Plaster of Paris only 10; plaster of Paris and long outside 20; plaster of Paris, long outside, and extension 24; plaster of Paris and extension 1; plaster of Paris in semi-flexed position 1; inclined plane 1. Femur resected and wired, followed by amputation in lower third of thigh 1.



*Result.*—Union delayed 5. Shortening noted in 21: nil 8,  $\frac{1}{4}$  inch 4,  $\frac{1}{2}$  inch 3,  $\frac{3}{4}$  inch 1, 1 inch 4,  $2\frac{1}{2}$  inch 1.

*Comminuted of femur.*—Males 4, females 2. C. 6. Right 2, left 4. Direct violence in all. Middle third 2; lower third 2, one being T-shaped into joint; upper and lower thirds 2. Plaster of Paris only 1; plaster of Paris and long outside 1; plaster of Paris, long outside, and extension 4. Union delayed and fragments rubbed 1. Wound of face 1; hæmatoma of scrotum 1; crushed fingers 1; hypostatic pneumonia 1; retention of urine 1.

*Compound of femur.*—Male 1, female 1. D. 2.

1. Male, æt. 18. Run over by heavy cart. Extensive laceration of Scarpa's triangle exposing femoral sheath, with compound fracture of upper fourth of right femur. Death on 2nd day. P.M.—Large wound, leading down to transverse fracture of femur at junction of upper and middle thirds. Fracture of right pubic ramus with extensive subperitoneal hæmorrhage. Viscera uninjured.

2. Female, æt. 8. Pyæmia. For full account see Special Table III.

*Compound comminuted of femur.*—Males 4. D. 4.

1. Male, æt. 59. Fall 40 feet. Compound comminuted fracture lower third of both femora. Unconscious on admission. Death in 6 hours. P.M.—Wound of right thigh 9 inches long, through lower part of which end of upper fragment protruded. Condyles and  $1\frac{1}{2}$  inches of shaft displaced backwards, and another fragment  $2\frac{1}{2}$  inches long completely separated. Knee-joint and main vessels uninjured. Several small wounds on left side. Both condyles separated and lying free in synovial cavity. Fracture of right ribs 6 and 7. Viscera uninjured.

2. Male, æt. 60. Run over by van. Compound comminuted fracture lower third of left femur, involving knee-joint. Flap amputation of thigh in middle third day after admission. Death on 2nd day. P.M.—Recent amputation wound. Early contracted granular kidneys. Emphysema of lungs.

3. Male, æt. 56. Run over by tramcar. Compound comminuted fracture lower third of left femur, involving knee-joint. Flap amputation of thigh in middle third. Death in 6 hours. P.M.—No other injuries. Lungs emphysematous and congested.

4. Male, æt. 29. Machinery accident. Death shortly after admission. P.M.—Compound comminuted fracture right femur in lower third; simple comminuted fracture left femur in lower third; compound fracture left tibia and fibula in lower fourth; compound fracture of left and simple fracture of right humerus. Both feet and hands crushed and lacerated beyond recognition. Viscera uninjured.

*Neck of femur.*—Males 8, females 7. C. 7, R. 7, D. 1. Right 6, left 9. Probably intra-capsular 8, extra-capsular 7; impacted 11. Retention of urine 2, incontinence 1; hypostatic pneumonia 2; bed sore 2. Fracture of finger 1; delirium tremens 1; inguinal hernia 1.

*Fatal case.*—Male, æt. 82. Slip off stair. Impacted fracture neck of left femur, shortening  $\frac{1}{2}$  inch, eversion of limb. Night delirium; incontinence of urine. Bedsores; hypostatic pneumonia. Death on 34th day. No P.M.

*Patella.*—Males 18, females 6. C. 18, R. 4, U. 2. Old case 1. Right 15,



left 9. Transverse 18. Direct violence 2, muscular action 18, cause doubtful 4. Re-fracture 3; interval of 7 years, 3 years, and 1 year respectively. Scalp wound 1, hæmatoma of leg 1, retention of urine 1, erysipelas 1, acute nephritis 1.

*Treatment.*—Wired by open operation 2; pinned 2, suppuration in both, followed by complete arthrectomy in 1. Ice-bag with back splint or MacIntyre, followed by plaster of Paris 8; plaster of Paris only 11. Leather splint for old case.

*Tibia and fibula.*—Males 71, females 30. C. 100, R. 1. Right 49, left 52. Direct violence 23, indirect 75, undetermined 3. Upper third 6, middle third 16, lower third 79 (Pott's 23). Delayed union 3. Fracture metacarpal 1, synovitis of knee 2, splint sore 1. Diabetes 1, retention of urine 1, delirium tremens 1. Old excision of knee 1.

*Treatment.*—MacIntyre followed by Neville 1; MacIntyre and ice-bag followed by plaster of Paris 2; all the rest treated with plaster-of-Paris splints.

*Comminuted of tibia and fibula.*—Males 9. C. 9. Right 3, left 6. Direct violence 8, indirect 1. Middle third 5, lower third 4. Pleurisy with effusion 1. Delayed union 1.

*Compound of tibia and fibula.*—Males 10, female 1. C. 9, R. 1, D. 1. Right 4, left 7. Direct violence 5, indirect 6. Middle third 5, lower third 6. Simple fracture femur 1; comminuted fracture opposite tibia and fibula 1; synovitis of knee 1; scalp wound 1; erysipelas 1; cystitis 1; renal disease 1; incontinence of urine and fæces 1.

*Treatment.*—Wiring of tibia 2; Neville's splint 1; continuous irrigation 1; all the others dressed antiseptically and put up in plaster-of-Paris splints. Secondary amputation middle third of thigh 1.

*Fatal case.*—Male, æt. 54. Fall 12 feet. Oblique compound fracture of tibia and fibula at junction of middle and lower thirds. Considerable hæmorrhage, leg emphysematous. Wound enlarged and cleaned. Suppuration and continuous irrigation with creolin and boracic. Trace of albumen in urine. Low delirium. Death on 22nd day. P.M.—Medullary cavity of fractured tibia full of pus. Heart and liver fatty. Chronic interstitial nephritis of both kidneys.

*Compound comminuted of tibia and fibula.*—Males 8, female 1. C. 6, D. 3. Right 4, left 5. Direct violence 7, indirect 2. Upper third 2, middle third 2, lower third 4, whole bone 1. Simple fracture femur 2, radius 1, ulna 1; lacerated wounds of thigh 1.

*Treatment.*—Removal of bone 1; amputation middle third of thigh 1; transcondylar amputation 2. Intra-venous infusion 1.

*Fatal cases.*

1. Male, æt. 16. Run over by tram. Tibia and fibula crushed in upper third, and leg much mangled. Shock severe. Transcondylar amputation. Intra-venous infusion of 3 pints normal saline solution. Death in 18 hours, temperature rising to 106°. P.M.—No other injuries. Lungs congested.

2. Male, æt. 2 years 8 months. Run over by tram. Left limb completely smashed from ankle to knee. Transverse fracture right femur. Amputation of thigh in middle third some hours after admission. Death on 2nd day, temperature rising to 104.4° P.M.—No other injuries. Double ureters on each side, opening together into bladder.

3. Male, æt. 67. Fall from crane into a barge. Compound comminuted fracture of both bones of left leg in lower third, with transverse fracture of left ulna. Put up in plaster-of-Paris splints. Death in 14 hours. P.M.—Separation of pubic symphysis to extent of 1 inch, with extensive fracture of left os innominatum and sub-peritoneal hæmorrhage. No injury to bladder or urethra. Lungs congested.

*Ununited of tibia and fibula.*—Male 1, female 1. R. 2. Duration 3 months in each case. Fresh fracture of fibula in 1. No operation on either.

*Tibia.*—Males 28, females 10. C. 37, D. 1. Right 13, left 25. Direct violence 10, indirect 26, doubtful 2. Upper third 3, middle third 15, lower third 20. Rupture external lateral ligament of ankle 2; delirium tremens 1; retention of urine 1; idiot 1. MacIntyre followed by plaster of Paris 1; Neville followed by plaster of Paris 1; plaster of Paris only 36.

*Fatal case.*—Male, æt. 6. Fracture of right tibia in middle third by indirect violence. Put up in plaster-of-Paris splints, with chloroform. Position not being good, was again put up on 2nd day under chloroform. Ceased to breathe suddenly when anæsthetic left off, the splint being finished. A few more irregular inspirations were taken. All restorative attempts were useless. P.M.—Right heart distended with fluid blood, left ventricle tensely contracted. Heart normal in every way. Lungs and all other organs normal.

*Comminuted of tibia.*—Males 3. C. 3. Right 3. Direct violence 2, indirect 1. All at junction of middle and lower thirds. Plaster of Paris in all.

*Ununited of tibia.*—Male, æt. 56. Fracture of left tibia and fibula at junction of middle and lower thirds 9 months ago, by direct violence. Treated in iron splint 5 months, then in plaster of Paris. On admission, oblique ununited fracture of tibia. Fragments wired with 2 silver wires after ends had been freshened. Fibula intact, small piece excised, wired with single wire. Plaster-of-Paris splint. Suppuration of tibial wound. Neville's splint applied. Union good when discharged 75 days after operation.

*Fibula.*—Males 18, females 7. C. 25. Right 13, left 12. Direct violence 1, indirect 24. Upper third 1, middle third 2, lower third 22. All treated in plaster-of-Paris splints.

*Foot.*—Comminuted of metatarsal 1; compound comminuted of phalanges 2. Trimming amputation in 1.

## SPECIAL TABLE I.—

## A. INGUINAL HERNIA.—

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
1	Married	F.	63	L.	5 years	—	?
2	Police constable	M.	44	R.	6 months	—	?
3	Labourer	M.	19	L.	2 months	—	?
4	Clerk	M.	25	L.	1 year	—	?
5	Single	F.	18	R.	9 years	—	?
6	Farrier	M.	50	L.	8 months	—	?
7	Child	M.	5	Double	?	—	?
8	Carpenter	M.	22	R.	Some years	—	?
9	Child	F.	8	R.	8 years	—	?
10	Tram conductor	M.	23	L.	9 months	—	?
11	Labourer	M.	36	L.	9 days	—	?
<i>b. Reducible.</i>							
12	Single	F.	34	R.	33 years	—	Epiplocele
13	Married	F.	32	Double	18 months	—	?
14	„	F.	32	L.	1 month	—	(Congenital)
15	—	M.	24	R.	3 years	—	Epiplocele

**HERNIA.***a. Reducible. No operation.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Nil	22	U.	Ozæna; congenital syphilis. Ring very patent. Truss painful.
Truss	7	R.	Easily reducible hernia. Ring very patent. Thrombosis.
Nil	11	U.	Refused treatment.
Nil	7	U.	Commenced after operation for varicocele.
Nil	5	U.	Anæmia.
Truss	7	R.	Ring not large.
Circumcision; truss	8	R.	Marked phimosis.
Nil	4	U.	Also right undescended testis and left varicocele.
Truss	6	R.	Size of small walnut.
Nil	5	U.	Recurrence after radical cure. Sent back to former surgeon.
Truss	9	R.	Ring only of moderate size.

*Radical Cure.*

Sac contained non-adherent omentum, this ligatured in three pieces and removed. Sac ligatured at neck and removed. Pillars approximated with three silk sutures	21	C.	Union by first intention.
Nothing found but thickened round ligaments and subperitoneal fat. No sacs. Pillars sutured with kangaroo tendons on right side but not on left	43	C.	Easily reducible herniæ. Truss causes discomfort.
Sac small, closely adherent to round ligament, and evidently the canal of Nück. Sac threaded through and drawn up through aponeurosis with part of round ligament as well. Two kangaroo tendon sutures through aponeurosis, the conjoined tendon being too deep and ill-defined for inclusion	44	C.	Previous operation on both sides 2 months ago. See Case 13. Returned on left side after discharge. Suppuration after second operation.
Omentum ligatured in two portions and removed. Sac ligatured at neck and removed. Ring closed with six silk sutures	35	C.	Stricture. Retention after operation.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
16	Milkman	M.	21	Double	Left 8 months ; right 1 month	—	Entero-epiplocele
17	Married	F.	27	L.	7 weeks	—	Probably enterocele
18	Labourer	M.	18	R.	Many years	—	Entero-epiplocele (congenital)
19	Child	M.	10	R.	2 years	—	Epiplocele (infantile)
20	Salesman	M.	18	R.	Many years	—	Entero-epiplocele (infantile)
21	Candidate for navy	M.	18	L.	18 months	—	Epiplocele
22	Sawyer	M.	25	L.	5 days	—	„
23	Farmer	M.	15	R.	12 years	—	Enterocele
24	Carman	M.	24	L.	3½ months	—	(Congenital)
25	Candidate for army	M.	20	R.	4 months	—	„
26	Child	M.	10	L.	8 days	—	Epiplocele
27	Sailor	M.	18	L.	3 weeks	—	?
28	Candidate for army	M.	17	R.	3 months	—	(Funicular)



Treatment.	No. of days in hospital.	Result.	Remarks.
Omentum freely removed. Sac ligatured at neck and removed. Ring closed with six silk sutures, three through aponeurosis and three through pillars	30	C.	Right side only operated on.
Sac empty at operation, ligatured at neck and removed. Pillars approximated with three silk sutures	23	C.	External ring admitted tip of finger before operation.
Processus vaginalis empty at operation. Upper part ligatured and removed with some omentum. Tunica vaginalis closed with silk sutures. Deep silk sutures to close ring	31	C.	Size of orange. Easily reducible.
Tunica vaginalis opened, but closed by ligature. Omentum and sac ligatured and removed. Ring closed with three silk sutures	33	C.	
Tunica vaginalis opened. Sac used as a plug. Two kangaroo tendon sutures to close ring, the conjoined tendon being included	38	C.	Suppuration.
Omentum removed. Sac divided, upper part ligatured and removed, and the lower left open in wound. Deep silk sutures to close ring	21	C.	Constituents of cord spread out over sac. ? Funicular.
Omentum ligatured and removed. Sac ligatured at neck and removed. Deep silk sutures to close ring	26	C.	Small varicocele in addition.
Sac ligatured at neck and removed. Pillars of ring approximated with one silk suture	47	C.	Influenza. Temperature reaching 105°.
Processus vaginalis empty at operation; upper part used as a plug. Tunica vaginalis not closed. Omentum came down through a hole in sac, ligatured and removed. Pillars sutured	15	C.	
Processus vaginalis empty at operation, short; upper part used as a plug. Tunica vaginalis not closed. Pillars approximated with kangaroo tendon, the conjoined tendon being included	27	C.	Suppuration. Temperature 103°.
Omentum and sac ligatured and removed. Ring closed with deep silk sutures	27	C.	
Sac not found at operation. Whole of lax part of external oblique aponeurosis puckered up by Lambert's silk sutures in line with axis of external ring	19	C.	Operation for left varicocele 2 months previously.
Sac empty at operation; used as a plug. Pillars approximated with kangaroo tendons, the conjoined tendon not being included	40	C.	Finger easily passed to internal ring before operation.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
29	Carpenter	M.	56	L.	30 years	—	Enterocoele
30	Horsekeeper	M.	24	L.	2 years	—	?
31	Baker	M.	16	L.	4 years	—	?
32	Child	M.	13	L.	Congenital	—	Enterocoele (congenital)
33	Man-servant	M.	35	L.	12 years	—	Entero- epiplocele
34	Porter	M.	22	Double	3 months	—	Enterocoele
35	Labourer	M.	19	L.	?	—	(Congenital)
36	Sawyer	M.	56	R.	5 years	—	Epiplocele
37	Barman	M.	23	R.	4 years	—	?
38	Coachman	M.	27	R.	„	—	Epiplocele
39	Conductor	M.	25	L.	2 years	—	?
40	Barman	M.	19	R.	1 year	—	Epiplocele (congenital)
41	Butcher	M.	23	R.	„	—	?

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac ligatured at neck and removed. Six silk sutures used to close ring	26	C.	Eight trusses had been unsuccessfully tried.
Sac empty at operation, ligatured at neck and removed. Pillars approximated with three silk sutures	133	C.	Suppurating glands in each groin, necessitating numerous incisions. Radical cure postponed on this account until 26 days before discharge.
Sac empty at operation, ligatured at neck and removed. Pillars approximated with silk sutures	15	C.	Sac very small and difficult to find.
Upper part of processus vaginalis used as a plug. Tunica vaginalis not closed. One silkworm-gut suture to approximate pillars, not including conjoined tendon	25	C.	
Sac empty at operation, transfixed at neck, ligatured and removed. Ring closed with four deep silk sutures	28	C.	Large hernia.
Two separate operations, with 16 days interval. Left sac empty at operation; right contained intestine. Sac ligatured at neck and removed, and pillars approximated with silk on each side	45	C.	Both external rings large.
Processus vaginalis empty at operation, divided, ligatured, and removed. Tunica vaginalis not closed. Pillars approximated with two silk sutures	30	C.	Never noticed hernia till rejected for army.
Sac empty at operation. Old hæmatoma found at fundus. Sac twisted, brought out through linea alba, and fixed. Ring closed with kangaroo tendon sutures, not including the conjoined tendon	42	C.	Suppuration necessitating drainage.
Sac empty at operation, ligatured at neck and removed. Pillars approximated with silk sutures	30	C.	
Small piece of omentum adherent to sac, both ligatured and removed. Pillars approximated with silk sutures	22	C.	The hernial sac had been tapped before admission.
Sac empty at operation, ligatured at neck and removed. Ring closed with five deep silk sutures	40	C.	Small lipoma of cord removed; suppuration.
Long piece of omentum ligatured and removed in two portions. Processus vaginalis divided, and upper part ligatured and removed. Tunica vaginalis not closed; pillars not approximated	30	C.	
Sac empty at operation, ligatured at neck, and removed. No deep sutures	20	C.	Truss had been found useless.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
42	Child	F.	11	Double	Right 5 years ; left 3 years	—	?
43	„	F.	9	R.	2 years	—	(Congenital)
44	Single	F.	21	R.	15 years	—	?
45	Porter	M.	30	R.	6 months	—	Epiplocele
46	Architect	M.	23	R.	4 months	—	(Congenital)
47	Nursemaid	F.	14	R.	3 years	—	?
48	Porter	M.	19	L.	1 year	—	Enterocoele
49	Runner	M.	17	R.	1 week	—	(Funicular)
50	Labourer	M.	19	R.	2 years	—	?
51	Engineer	M.	21	L.	16 months	—	(Congenital)
52	Fireman	M.	23	L.	2 weeks	—	Enterocoele
53	Carman	M.	19	L.	?	—	?
54	Shipwright	M.	31	R.	3 months	—	?

Treatment.	No. of days in hospital.	Result.	Remarks.
Sacs both empty at operation, twisted, neck transfixed and ligatured, and removed. Pillars approximated with one kangaroo tendon on each side	23	C.	Both sides dealt with at same operation.
Sac empty at operation, evidently canal of Nück, ligatured at neck and removed. Two deep silk sutures to approximate pillars, including the conjoined tendon	20	C.	
Sac empty at operation, ligatured at neck and removed. Ring closed with four deep silk sutures. Left ring also closed with four silk sutures	28	C.	No hernia on left side, but external ring large.
Sac empty at operation, ligatured at neck and removed. Ring closed with three silk sutures, the conjoined tendon being included	21	C.	Truss ineffectual. Sac thick.
Processus vaginalis empty at operation; divided, and upper part ligatured and removed. Tunica vaginalis sutured. Ring closed with two silk sutures	33	C.	Slight suppuration.
Very small empty sac, ligatured at neck and removed. Pillars approximated with four silk Lembert's sutures	23	C.	Ring small.
Sac contained small intestine, this reduced. Sac ligatured at neck and removed. Pillars not sutured	25	C.	
Sac empty at operation, ligatured at neck and removed. Ring closed with three deep silk sutures	18	C.	Constituents of cord very adherent to sac.
Sac empty at operation, ligatured at neck and removed. Ring closed with four silk sutures, the conjoined tendon not being included	32	C.	Erysipelas arose while in hospital. See Special Table II. Suppuration.
Processus vaginalis empty at operation; divided, upper end twisted, ligatured, and removed. Ligature used to close tunica vaginalis. Two silk sutures to approximate pillars, including the conjoined tendon	31	C.	Slight suppuration.
Sac empty at operation, used as a plug. Conjoined tendon approximated to external pillar with two kangaroo tendon sutures	27	C.	Suppuration.
Sac empty at operation, ligatured at neck, and removed. Pillars of ring not sutured	19	C.	Never noticed hernia till rejected for army.
Sac empty at operation, used as a plug. Pillars approximated with kangaroo tendon, the conjoined tendon being included	18	C.	



No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
55	Cooper	M.	37	L.	10 days	—	?
56	Clerk	M.	20	L.	4 years	—	(Congenital)
57	Tram conductor	M.	22	R.	Congenital	—	Enterocoele (congenital)
58	Farrier	M.	31	L.	7 months	—	Enterocoele
59	Packer	M.	24	L.	1 month	—	?
60	Messenger	M.	15	R.	1 week	—	Enterocoele
61	School	M.	9	R.	3 years	—	Entero-epiplocele
62	Messenger	M.	17	R.	2 years	—	Enterocoele (funicular)
63	Married	F.	39	L.	21 years	—	Enterocoele
64	Labourer	M.	39	R.	1 month	—	„
65	Single	F.	17	R.	8 years	—	?
66	Bus conductor	M.	22	R.	2 years	—	(Congenital)
67	Labourer	M.	25	L.	6 years	—	Epiplocele
68	Domestic	F.	29	R.	2 years	—	?

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac empty at operation, ligatured at neck and removed without being opened. Pillars not approximated with sutures	32	C.	Suppuration.
Testicle atrophic and removed. Processus vaginalis dissected up, ligatured and removed. Ring closed with deep silk sutures	19	C.	Undescended left testis.
Intestine reduced, processus vaginalis divided, ligatured and removed. Tunica vaginalis not sutured. Ring closed with deep silk sutures	25	C.	
Sac empty at operation, ligatured at neck and removed. Pillars approximated with silk sutures	32	C.	
Sac empty at operation, ligatured at neck and removed. Pillars approximated with silk sutures	15	C.	
Sac dissected free with difficulty, ligatured at neck and removed. Ring closed with two silk sutures	16	C.	Previous operation for radical cure on same side 2 years ago.
Sac partially removed, remainder used as a plug. Ring closed with kangaroo tendon sutures, the conjoined tendon being included	60	C.	Acquired hernia. Suppuration.
Sac ligatured at neck and removed. Pillars approximated with silk sutures	55	C.	Hydrocele subsequently tapped.
Sac ligatured at neck, cyst and lower portion removed. No deep sutures used	14	C.	Thick-walled cyst, probably a congenital hydrocele of canal of Nück, with small hernia coming down behind and above it. Very thin septum between cyst and sac.
Sac opened, bowel reduced and sac used as a plug. Pillars approximated with kangaroo tendon, the conjoined tendon not being included	17	C.	Sac very thick-walled.
Sac ligatured at neck and removed. No deep sutures to close ring	30	C.	Hernia probably congenital, no definite round ligament seen at operation.
Processus vaginalis empty at operation, divided, and upper part ligatured and removed. Tunica vaginalis not closed. Ring closed with five kangaroo tendon sutures	44	C.	Suppuration.
Omentum ligatured in 3 portions and removed. Sac ligatured at neck and removed. Ring closed with deep silk sutures	31	C.	Varicocele in addition. Suppuration.
Sac empty at operation, ligatured at neck and removed. Three deep silk sutures used to approximate pillars	28	C.	Sac difficult to find at operation, probably canal of Nück. Cyst found adherent to its wall.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
69	Publican	M.	56	Double	5 years	—	R. enterocele; L. epiplocele
70	Ironmoulder	M.	20	R.	Many years	—	Epiplocele (congenital)
71	Miller	M.	30	R.	18 months	—	Epiplocele
72	School	M.	14	R.	4 years	—	(Congenital)
73	Dealer	M.	23	R.	5 years	—	?
74	Packer	M.	18	R.	18 months	—	(Funicular)
75	Footman	M.	20	R.	?	—	Enterocele
76	Brass-finisher	M.	26	R.	3 months	—	(Congenital)
77	School	M.	7	R.	18 months	—	?
78	Piano-maker	M.	29	R.	2 years	—	Enterocele

Treatment.	No. of days in hospital.	Result.	Remarks.
Both sides dealt with at same operation. Sacs ligatured at neck and removed. Rings closed with deep silk sutures	102	D.	Delirium tremens after operation. Fistula in ano operated on 12 days later. Suppuration in left hernial wound. Parotid bubo. P.M.—Scar just visible on each side. Upper $\frac{3}{4}$ right lung solid, partly pneumonic, partly fibroid, with several caseous nodules and small cavities. Miliary tubercles also present, and a few islets of bronchopneumonia in lower $\frac{1}{4}$ . Left lung and pleura healthy, and no tubercle elsewhere. Liver fatty, kidneys large and pale.
Large piece of omentum ligatured and removed. Sac ligatured at neck and removed. Ring closed by four kangaroo tendon sutures, but re-opened for hæmorrhage the same evening	30	C.	The bleeding vessel found to be in wound and not in cord.
Omentum reduced, sac used as a plug. Pillars approximated with kangaroo tendon, the conjoined tendon being included	18	C.	Sac somewhat thickened.
Processus vaginalis empty at operation, divided, and upper part ligatured and removed. Tunica vaginalis closed with sutures. No deep sutures used	23	C.	
Sac empty at operation, ligatured at neck and removed. Ring closed with four kangaroo tendon sutures	35	C.	Slight suppuration.
Sac empty at operation, used as a plug. Pillars approximated with kangaroo tendon, the conjoined tendon not being included. Open radical cure of hydrocele with drainage	36	C.	Hydrocele of right tunica vaginalis in addition. Hernial sac presented a constricting ring above, probably at superior point of obliteration of funicular process.
Sac ligatured at neck and removed. No deep sutures used to close ring	31	C.	Never noticed hernia until rejected for army.
Processus vaginalis empty at operation, divided, and upper part ligatured and removed. Tunica vaginalis closed with silk sutures. Ring closed with deep silk sutures	44	C.	Slight suppuration.
Sac empty at operation, ligatured at neck and removed. Ring closed with two deep silk sutures	24	C.	Phimosis.
Sac empty at operation, ligatured at neck and removed. Pillars approximated with four silk sutures, the conjoined tendon being included	35	C.	Sac with very narrow neck.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
79	Farmer	M.	49	L.	14 years	—	Enterocoele
79a	Police constable	M.	25	L.	?	—	?
<i>c. Chronic Irreducible.</i>							
80	Labourer	M.	29	L.	1 year	—	Epiplocele
81	Carman	M.	36	L.	3 years	—	Enteropiplocele
<i>d. Chronic Irreducible.</i>							
82	Marble turner	M.	54	R.	1 week	—	Epiplocele
83	Child	M.	4	R.	4 years	—	Enterocoele
84	Labourer	M.	23	R.	2 months	—	Epiplocele (infantile)
85	„	M.	26	R.	12 years	—	Epiplocele
86	Clerk	M.	55	R.	3 years	—	„
<i>e. Inflamed Irreducible.</i>							
87	Labourer	M.	31	R.	2 years	—	Epiplocele
<i>f. Inflamed Irreducible.</i>							
88	Baker	M.	38	L.	11 years	—	Epiplocele



Treatment.	No. of days in hospital.	Result.	Remarks.
Sac empty at operation, used as a plug. Pillars approximated with kangaroo tendon, the conjoined tendon being included	23	C.	Small hydrocele of unobliterated portion of processus vaginalis found.
Sac empty at operation, ligatured at neck and removed. Pillars sutured with four silk sutures	63	C.	Admitted for varicocele, after operation for which hernia first noticed.

*No operation.*

Nil	5	U.	Unhealthy fat man, heavy beer drinker. Large doughy omental hernia, irreducible for some months.
Ice-bag	26	R.	Irreducible 3 weeks. Intestinal portion apparently reducible. Cirrhosis of liver.

*Radical Cure.*

Large piece of omentum ligatured and removed. Sac ligatured at neck and removed. Pillars approximated with two deep silk sutures	34	C.	Large omental hernia. Slight sup- puration.
Five inches of small intestine in sac, extremely adherent to sac wall, freed and returned. Sac used as a plug. Conjoined tendon sutured to external pillar with kangaroo tendon	9	C.	Acquired hernia. Wound suppurated. Orchitis and epididymitis. Transferred to Medical ward for scarlet fever 3 days after operation.
Tunica vaginalis opened before the sac. Omentum ligatured and removed. Sac used as a plug. Ring closed with kangaroo tendon, but conjoined tendon not included. Tunica vaginalis not sutured	44	C.	Orchitis and suppuration, necessitating drainage-tube. Temperature rose to 103·8°.
Sac contained adherent omentum. This ligatured and removed in two portions. Sac ligatured at neck and removed. No deep sutures	48	C.	Main portion of hernia reducible. Large extravasation of blood in scrotum after operation.
Omentum ligatured in several portions and removed. Sac ligatured at neck and removed. Pillars approximated with four silk Lembert's sutures	44	C.	Irreducible for 6 weeks. Erysipelas on 11th day after operation, temperature 104·6°. Suppuration. See Special Table II.

*No operation.*

Hot bath, followed by ice-bag, after application of which for 12 hours hernia was reduced by taxis	8	R.	Irreducible 9 days. Refused radical cure.
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*Radical Cure.*

Ice-bag, followed by spontaneous reduction. Radical cure 6 days later. Omentum ligatured and removed, sac used as a plug. Ring closed with kangaroo tendon suture. Incisions and drainage needed later	87	C.	Large tender doughy hernia, irreducible for 4 days. Slight impulse on coughing. Suppuration late.
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No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
89	Shoemaker	M.	68	L.	Many years	—	Enterocoele

*g. Strangulated Irreducible.*

90	Porter	M.	17	R.	12 hours	12 hours	Epiplocele
91	Infant	M.	2	R.	6 months	4 hours	?
92	„	M.	1 $\frac{5}{2}$	R.	18 hours	18 hours	Enterocoele
93	Farrier	M.	33	R.	10 years	3 hours	?
94	Stationer	M.	65	R.	3 years	12 hours	Entero-epiplocele
95	Child	M.	5 $\frac{1}{2}$	R.	„	4 hours	?
96	Infant	M.	1 $\frac{1}{2}$	R.	2 weeks	2 hours	?
97	Cabdriver	M.	42	L.	Many years	4 hours	Enterocoele
98	Child	M.	4	R.	2 years	3 hours	„
99	Labourer	M.	37	R.	4 weeks	„	„
100	Boiler maker	M.	40	L.	3 years	2 days	?

*h. Strangulated Irreducible.*

101	Blacksmith	M.	29	R.	3 months	3 hours	Entero-epiplocele
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Treatment.	No. of days in hospital.	Result.	Remarks.
Much large intestine found in the sac, one coil of which was adherent. Sac transfixed at neck, ligatured and removed. Deep silk sutures used to close ring	6	D.	Irreducible for 4 days. Vomiting before admission. Urethral stricture. At operation the point of a soft catheter broke off and remained in bladder, where it was found at the post mortem. P.M.—Unhealed wound. Mesocolon of sigmoid flexure adherent to internal ring. 1½ inches of sigmoid flexure congested, but the damage was slight. No peritonitis. Upper part of both lungs showed old tubercle, and lower down grey miliary tubercles. Liver studded with large greyish tubercles. Gall-stones.

*No operation.*

Hot bath and ice-bag. Spontaneous reduction	4	C.	Vomited several times before admission. Undescended testis lying in inguinal canal on same side. Hernia only descended into canal. External ring small.
Lotio frigida, followed by successful taxis	16	C.	Phimosis, for which circumcision performed while in hospital.
Ice-bag. Spontaneous reduction	6	C.	Phimosis, for which circumcision performed while in hospital.
Ice-bag, followed by successful taxis	5	C.	Has worn a truss, and hernia had not been down for some years before it came down this time.
Ice-bag, followed by successful taxis	1	C.	Very large external ring and lax abdominal wall.
Reduction by taxis on admission	3	C.	Pad and bandage.
Hot bath, anæsthetic, reduction by taxis	5	C.	Ordered a truss.
Hot bath, followed by successful taxis	1	C.	Has always worn a truss with effect, but had left it off on morning of strangulation.
Hot bath, spontaneous reduction	2	C.	Vomited several times before admission.
Hot bath, followed by successful taxis	3	C.	Wearing a truss on discharge.
Reduction by taxis	3	C.	Refused radical cure.

*Reduction followed by Radical Cure.*

Hot bath, spontaneous reduction. Radical cure 9 days later. Sac very thick, empty at operation, ligatured at neck and removed. Ring closed with deep silk sutures	32	C.	Tense hernia, size of small cocoa-nut, and tympanitic in its upper part.
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No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
102	Carman	M.	36	L.	2 years	1 hour	Entero-epiplocele
103	Clerk	M.	18	R.	7 years	3 hours	„
104	Painter	M.	48	R.	18 years	2 hours	Epiplocele (congenital)
105	Labourer	M.	42	L.	12 years	3 days	Entero-epiplocele
106	Butcher	M.	30	L.	10 years	1 day	Epiplocele

*i. Strangulated Irreducible.*

107	Candle-maker	M.	18	R.	6 months	1 day	Enterocoele
108	Labourer	M.	21	R.	18 months	„	Enterocoele (congenital)
109	Painter	M.	29	R.	14 years	6 hours	Entero-epiplocele (congenital)

Treatment.	No. of days in hospital.	Result.	Remarks.
Ice-bag, successful taxis. Radical cure 7 days later. Sac contained gut and omentum, these reduced. Sac ligatured at neck and removed. No deep sutures used	25	C.	Large doughy scrotal hernia.
Ice-bag, successful taxis. Radical cure 6 days later. Sac ligatured at neck and removed. Ring closed with five deep silk sutures	29	C.	Suppuration, with orchitis on side of operation.
Reduction under anæsthetic. Radical cure 10 days later. Processus vaginalis contained omentum, this ligatured and removed. Sac ligatured at neck and removed. Tunica vaginalis not closed. Pillars approximated with four silk sutures, including the conjoined tendon	31	C.	Processus vaginalis extremely thin.
Hot bath and ice-bag, followed by successful taxis. Radical cure 11 days later. Omentum adherent to sac, freed and returned. Sac ligatured at neck and removed. Ring closed with three silk sutures, the conjoined tendon being included	34	C.	
Ice-bag for 9 hours, followed by successful taxis. Omentum in sac ligatured and removed. Sac ligatured at neck and removed. Ring closed with three deep silk sutures	29	C.	Nausea but no vomiting. Had been used to wear a truss.

### *Herniotomy and Radical Cure.*

Sac contained 3 inches of darkly-congested small intestine and some fluid. Two points of constriction divided. Gut reduced, sac ligatured at neck and removed. Conjoined tendon sutured to external pillar with kangaroo tendon sutures	23	C.	Small hernia, lying entirely in inguinal canal. Superficial suppuration.
Loop of gut fairly healthy, returned. Processus vaginalis divided, upper part ligatured and removed. Single point of constriction divided. Tunica vaginalis not closed. Pillars approximated with silk sutures	49	C.	Had been accustomed to wear truss, which served its purpose till lifting coals at time of accident. Suppuration.
Healthy but much thickened omentum with large intestine in sac; both reduced. Processus vaginalis divided, upper part ligatured and removed. Tunica vaginalis sutured. Pillars approximated with deep silk sutures. Drainage-tube used	22	C.	Hernia came down owing to breaking of truss. Large intestine healthy and non-adherent.



No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
110	Clerk	M.	74	R.	Many years	1 day	Enterocoele
111	„	M.	54	L.	3 years	2 days	Entero-epiplocele
112	Foundry-worker	M.	23	R.	2 years	3 days	„
113	Messenger	M.	15	R.	6 years	2 days	Entero-epiplocele (congenital)
114	Engineer	M.	74	L.	Many years	„	Entero-epiplocele
115	Runner	M.	48	R.	Some years	1 day	Enterocoele
116	Nil	M.	84	L.	14 years	6 days	„
117	Smith	M.	41	R.	2 years	12 hours	„

Treatment.	No. of days in hospital.	Result.	Remarks.
Cæcum in sac; recent adhesions. Cæcum reduced; sac used as a plug. Ring closed with three kangaroo tendon sutures	9	C.	Constriction distributed and not very tight. Patient weak mentally. Wound quite sound on discharge.
Coils of large intestine connected by adhesions, and adherent omentum in sac. Bowel as far as possible returned; omentum ligatured and removed with fundus of sac. Neck of sac sutured. Ring closed with silk sutures	37	C.	Troublesome diarrhœa led to infection of the wound and suppuration, which remained superficial.
Considerable quantity of darkly-congested small intestine and omentum in sac. Constriction divided; bowel returned; omentum ligatured and removed. Sac ligatured at neck and removed. No deep sutures used	18	C.	Hernia hour-glass shaped. Surface red and inflamed, probably owing to energetic taxis before admission.
Several inches of small intestine and omentum in sac. Constriction at external ring divided; bowel reduced. Sac transfixed at neck, ligatured and removed, the ligature ends being passed through conjoined tendon and external pillar and tied	21	C.	Tense tender sac; bowel almost black, but polished, with a little lymph on its surface.
Small knuckle of gut nipped at internal ring. Constriction divided; gut and omentum reduced. Sac ligatured at neck and removed. Pillars not sutured	1	D.	Bowel congested, but not tightly nipped. Sank night of operation. P.M.—Sigmoid flexure adherent at internal ring; hæmorrhages over it and its mesocolon. 18 inches of small intestine, beginning 1 foot above cæcum, showed signs of strangulation. Hypostatic pneumonia and œdema both lower lobes. Kidneys granular; atheroma.
8 inches of small intestine in sac and some fluid. Constriction at internal ring divided. Sac ligatured at neck and removed. Ring closed with deep silk sutures	22	C.	Gut deeply congested; constriction tight. Tissues around sac adherent and œdematous; reducible hernia on opposite side.
3 inches of small intestine with dark-coloured fluid in sac. Constriction at internal ring divided, gut reduced, sac ligatured at neck and removed. Ring closed with deep silk sutures	2	D.	Intestine showed signs of taxis applied before admission. Dulness and crepitations at bases of both lungs. No P.M.
10 ft. congested small intestine and some fluid in sac; returned to abdomen with difficulty. Adhesions at neck. Neck of sac sutured, fundus removed. Ring closed with five deep silk sutures. Drainage 24 hours	61	C.	Huge scrotal hernia with penis buried in it. Very stout subject. Suppuration. Sudden symptoms of pulmonary embolism 4 weeks after operation, followed by pneumonia, from which he recovered.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
118	Signalman	M.	34	L.	10 years	1 day	Entero-epiplocele (congenital)
119	Labourer	M.	26	R.	2 years	12 hours	Enterocoele
120	Milkman	M.	22	L.	6 hours	6 hours	Entero-epiplocele (congenital)
121	Decorator	M.	40	R.	Congenital	8 hours	(Congenital)

*k. Strangulated Irreducible.*

122	Hosier	M.	29	R.	3 days	3 days	Entero-epiplocele
123	Dealer	M.	62	R.	Many years	? 3 weeks	Enterocoele

Treatment.	No. of days in hospital.	Result.	Remarks.
One loop of small intestine and much omentum in sac. Constriction divided; gut returned. Omentum ligatured in two portions and removed. Processus vaginalis divided and upper part ligatured and removed. Tunica vaginalis not sutured. No deep sutures used	22	C.	Intestine only slightly congested.
Constriction very tight and gut much congested. Constriction divided. Sac ligatured at neck and removed. Ring closed with deep silk sutures	34	C.	Much vomiting before operation. Well-marked line of constriction on gut, which was a medium-sized loop of small intestine. Slight suppuration.
8 inches of slightly congested gut in sac; two strictures at neck divided. Gut reduced and a large piece of omentum ligatured and removed. Processus vaginalis divided, upper part ligatured and removed. Tunica vaginalis sutured. No deep sutures	25	C.	Partially descended right testis. Had never had a hernia before. Wall of gut black with extravasated blood, due to taxis before admission.
Much fluid and small intestine in sac; two points of constriction divided. Gut reduced. Processus vaginalis divided, upper part ligatured and removed. Tunica vaginalis not sutured. Ring closed with deep silk sutures	41	C.	Large loop of deeply congested intestine with œdematous mesentery which offered resistance to reduction. Delirium tremens; bronchitis; suppuration.

### *Herniotomy only.*

Constriction at internal ring divided. Loop of intestine deeply congested; reduced. Omentum black and matted, ligatured and removed. Sac not closed. Intravenous infusion of four pints of saline solution on operating table; repeated in 6 hours' time	1	D.	Collapsed on admission; fœcal vomiting. Gut not gangrenous. Marked temporary benefit after infusion. P.M.—Half a pint blood-stained fluid in abdomen; 17 inches of small intestine, beginning 3 inches above cæcum, black and œdematous and of doubtful vitality, but had not given way. Small intestine greatly distended; no general peritonitis. Lungs œdematous.
Sac contained 4 feet of small intestine and purulent offensive fluid. Gut adherent to sac, and gangrenous in two places; these two portions sutured to opening in sac. Glass drainage-tube inserted into abdominal cavity. The two pieces of gut were left out at different places, but not opened	3	D.	Death 1½ hours after operation. P.M.—Peritoneum highly injected, but no lymph; grumous fluid in dependent parts. The two gangrenous coils were 1 foot above ileo-cæcal valve, and at junction of ileum and jejunum, respectively. Small intestine distended; lungs emphysematous and hyperæmic.

*l. Strangulated Irreducible.*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
124	Carpenter	M.	35	L.	20 years	3 days	?

*B. FEMORAL HERNIA.—*

1	Single	F.	22	R.	5 years	—	?
2	Labourer	M.	43	L.	4 years	—	?

*b. Chronic Irreducible.*

3	Married	F.	46	R.	12 years	—	Epiplocele
4	„	F.	44	R.	3 weeks	—	„
5	Single	F.	34	R.	12 months	—	„
6	Gardener	M.	57	L.	5 years	—	„

*c. Strangulated Irreducible.*

7	Married	F.	36	R.	3 years	6 hours	Enterocoele
8	—	F.	71	R.	Some years	2 days	?
9	Electrician	M.	51	L.	3 months	1 day	?



*Reduction under Anæsthetic. Cœliotomy.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Cœliotomy day after admission. Lower longer portion of small intestine found collapsed; upper part moderately distended. Slight trace of supposed line of constriction. Paralysis of gut diagnosed and wound closed	2	D.	Patient under anæsthetic for operation when spontaneous reduction took place; constant vomiting continued. P.M.—Kink with firm matting of small intestines, the obstruction being 57 inches beyond duodenum. Gut much distended above. Intestine at this point almost gangrenous; kidneys large and pale.

*a. Reducible. Radical Cure.*

Sac empty at operation, ligatured at neck and removed. No deep sutures	31	C.	Slight suppuration. Not wearing truss on discharge.
Small empty sac, surrounded by large subperitoneal lipoma. Sac ligatured at neck and removed with lipoma. No deep sutures	20	C.	Extravasation of blood around wound. Not wearing truss on discharge.

*Radical Cure.*

Sac contained healthy omentum; this ligatured in several pieces and removed. Sac ligatured at neck and removed. No deep sutures	33	C.	Hernia tender on admission. Recent abdominal pain and sickness. Wearing truss on discharge.
Sac contained firmly adherent omentum; this transfixed, ligatured, and removed. Sac ligatured at neck and removed. Femoral ring closed with two silk sutures.	44	C.	Small partially reducible hernia. Suppuration around deep suture. Not wearing truss on discharge.
Sac contained omentum; this ligatured in two portions and removed. Sac ligatured at neck and removed. No deep sutures. Drainage-tube for 24 hours	25	C.	Femoral ring very small, causing some difficulty in reducing omental stump.
Sac very thick, containing omentum; this ligatured and removed. Sac ligatured at neck and removed. Femoral ring closed with two silk sutures	17	C.	Sac $\frac{1}{4}$ inch thick, with very narrow neck.

*No Operation.*

Reduction by taxis, with loud gurgling	4	C.	Vomited once.
Ice-bag, followed by successful taxis	8	C.	General tenderness over lower abdomen.
Spontaneous reduction	5	C.	Nausea, but no vomiting.

*d. Strangulated Irreducible.*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
10	Married	F.	46	R.	2 years	4 days	Enterocoele
11	„	F.	72	R.	3 years	48 hours	Entero-epiplocele
12	„	F.	45	R.	9 years	5 days	„
13	Servant	F.	68	L.	40 years	4 days	Epiplocele
14	Single	F.	30	R.	7 years	6 hours	Entero-epiplocele
15	Married	F.	50	R.	8 years	4 days	„
16	Charwoman	F.	74	R.	25 years	3 weeks	„
17	Domestic	F.	32	R.	1 year	18 hours	Enterocoele

*Herniotomy and Radical Cure.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac contained loop of small intestine, deeply congested but polished. Constriction divided; gut reduced. Sac ligatured at neck and removed. No deep sutures	14	C.	Vomiting for 4 days. Complete loop of gut, 2 inches in length, in sac. Wearing truss on discharge.
Sac contained omentum and small knuckle of tightly constricted small intestine. Constriction divided, gut reduced, omentum ligatured and removed. Sac ligatured at neck and removed. No deep sutures	23	C.	Much collapsed on admission. Wearing truss on discharge.
Sac contained deeply congested omentum and loop of small intestine. Gimbernat's ligament nicked. Omentum ligatured and removed and gut reduced. Sac ligatured at neck and removed. No deep sutures	18	C.	Skin reddened owing to violent taxis before admission. Wearing double truss on discharge.
Sac contained omentum in fair condition; this ligatured and removed. Sac transfixed at neck, ligatured, and removed, the ligature ends being passed through walls of ring and tied	16	C.	Hernia size of half a cocoa-nut. Wearing truss on discharge.
Sac contained omentum and complete loop of slightly congested small intestine. Constriction divided, gut reduced, omentum ligatured in two portions and removed. Sac ligatured at neck and removed. No deep sutures	15	C.	Incessant vomiting till admission. No truss.
Sac contained omentum and loop of large intestine. Omentum ligatured and removed, also appendices epiploicæ, and a lipoma external to sac. Gut reduced. Sac sutured at neck and removed. Drainage-tube for 12 hours	14	C.	Vomiting 4 days, faecal for 1 day. Wearing truss on discharge.
Sac contained thickened omentum and large loop deeply congested small intestine. Constriction divided, bowel reduced, omentum ligatured and removed. Femoral canal closed with two deep sutures	23	C.	Subacute symptoms throughout. Not wearing truss on discharge.
Sac contained a partial knuckle of small intestine, dark but polished; slipped back without dividing constriction. Sac twisted, transfixed, ligatured and removed. Femoral ring closed with two kangaroo tendon sutures	20	C.	Richter's hernia. No truss on discharge.

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
18	—	F.	63	R.	2 months	2 days	Entero-epiplocele
19	Widow	F.	69	L.	6 months	3 days	Enteroccele
20	Porter	M.	34	R.	3 weeks	12 hours	„
21	Painter	M.	59	R.	6 months	2 days	„
22	Married	F.	53	L.	4 years	3 days	Entero-epiplocele
23	—	F.	38	R.	20 years	30 hours	Enteroccele

*e. Strangulated Irreducible.*

24	Laundress	F.	57	R.	7 years	3 days	Epiplocele
25	Widow	F.	64	R.	6 months	3 days	Entero-epiplocele
26	Married	F.	76	R.	Many years	12 hours	Enteroccele

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac thick, containing fluid and small knuckle of healthy intestine. Constriction divided, omentum ligatured and removed. Sac ligatured at neck and removed. No deep sutures	4	D.	Delirium; hard lump felt in right iliac fossa. Temperature over 102°; sank. No P.M.
Sac contained brownish offensive fluid and deeply congested loop of small intestine. Constriction divided, gut reduced. Sac ligatured at neck and removed, with several inflamed femoral glands. Sac of inguinal hernia also removed, and pillars sutured with deep silk sutures	20	C.	Skin over hernia red and œdematous. Inguinal hernia on same side, the sac of which was empty at operation. Wearing truss on discharge.
Sac contained loop of dark small intestine. Gimbernat's ligament nicked, gut reduced. Sac ligatured and removed. Femoral ring closed with deep silk sutures	20	C.	Line of constriction well marked and wall of bowel full of blood. Not wearing truss on discharge.
Sac contained small complete loop of small intestine of good colour. Constriction divided, gut reduced. Sac ligatured at neck and removed. Ring closed with two silk sutures	13	C.	Hernia size of walnut. Not wearing truss on discharge.
Sac contained congested small intestine and adherent omentum. Constriction divided. Sac ligatured at neck and removed. Omentum ligatured and removed. No deep sutures	29	C.	Some suppuration. Wearing truss on discharge.
Sac contained small complete loop of small intestine. Reduced without division of constriction. Sac ligatured at neck and removed. No deep sutures	29	C.	Incessant vomiting before, and twice after operation.

*Herniotomy only.*

Sac contained congested tough omentum, this ligatured and removed. Sac removed and neck left open. Drainage-tube for 36 hours	40	C.	Hard inflammatory mass formed round wound, but did not suppurate. Wearing truss on discharge.
Sac contained loop of small intestine and some adherent omentum. Constriction divided, gut reduced, omentum ligatured and removed. Drainage-tube for 48 hours	19	C.	Vomit offensive. Patient much exhausted at operation. Intestine slate-coloured, but polished. Wearing truss on discharge.
Sac contained black but polished loop of small intestine, with offensive smell. Constriction slightly incised. Gut left <i>in situ</i> . Drainage-tube inserted down to it	34	C.	Gut in bad condition, but no further symptoms from it beyond distension and some offensive vomiting. Small omental femoral hernia appeared under upper part of incision, small and firm, with good impulse.



No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
27	Married	F.	57	L.	9 months	4 days	Enterocoele
28	—	M.	60	R.	10 years	7 days	Epiplocoele
29	—	M.	75	R.	? 2 days	2 days	Enterocoele
30	Cook	F.	41	R.	<i>f. Strangulated Irreducible.</i>		
					8 years	3 weeks	Enterocoele
31	Married	F.	62	R.	<i>g. Strangulated Irreducible. Resection</i>		
					4 months	2 days	Enterocoele
32	Mantlemaker	F.	28	R.	4 years	6 days	„

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac contained fluid and loop of congested intestine. Constriction divided, gut reduced. Wound enlarged upward for hæmorrhage. Bleeding point not found. Two tubes inserted for 24 hours	18	C.	Vomit described as fæcal nearly from commencement. The operator thought an abnormal obturator artery had been divided, but the bleeding ceased spontaneously.
Sac contained only congested omentum; this transfixed, ligatured, and removed. Drainage-tube inserted for 12 hours	21	C.	Chronic vomiting after every meal for 7 days. Constipation absolute.
Sac contained small knuckle of tight constricted small intestine, with grey slough at line of constriction. Constriction divided. Gut sutured to edge of wound and left <i>in situ</i> , but not opened	1	D.	Acute onset, vomiting very severe. P.M.—Two inches of small intestine 2 feet above cæcum involved; deeply congested, lymph on surface, no peritonitis; typical granular contracted kidneys; several large gall-stones.

### *Fæcal Abscess. Incision.*

Incised night of admission. Gas and fæcal pus evacuated. Sinus found running up beneath Poupart's ligament; this drained. Fæcal discharge on 3rd day	24	C.	Admitted with large red fluctuating swelling in groin. Probably a gangrenous Richter's hernia. Fistula quite closed before discharge.
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### *of Intestine and Circular Enterorrhaphy.*

Sac contained foul fluid and knuckle of small intestine, on which was a gangrenous patch occupying three eighths of circumference. Constriction divided, median abdominal incision made, and intestine brought out here. Sac excised and ring closed. 3 inches of intestine resected, and the ends united by a double row of sutures, the inner taking up mucous membrane only, the outer being Lembert's; abdominal wound then closed	3	D.	Fæcal vomiting. Death on 3rd day. P.M.—Moderate jaundice, no peritonitis; resected bowel was 4 inches above ileo-cæcal valve, and was covered by adherent great omentum; there was no sloughing, and the line of junction resisted considerable water pressure; mucous membrane of small intestine stained for 2 inches, but otherwise healthy; liver fatty; lungs full of blood; gall-stones.
Sac contained small intestine, on which were several flaccid gangrenous spots. Ligatures placed round bowel above and below. Median abdominal incision made and bowel brought out here. Gut opened and much fluid fæces evacuated. Gut resected together with mesentery in V-shaped manner to 2½ inches from bowel edge. Double row of sutures, the inner being of mucous membrane only, the outer being Lembert's. Mesentery sutured. Abdominal cavity closed and drainage tube inserted. Sac closed and drainage used in lower wound	6	D.	Collapsed on admission. Vomiting incessant for 6 days, fæcal for 24 hours. Fæcal discharge from abdominal tube on 2nd day; this increased for 3 days and then diminished. P.M.—No general peritonitis; suture line 18 inches above ileo-cæcal valve; sutures still held, but walls were thin and almost sloughing; this extended up for 1 inch, and at upper limit was a perforation size of a sixpence; some recent adhesions; organs normal.

## C. UMBILICAL HERNIA.—

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
1	Drayman	M.	38	—	3 years	—	Epiplocele
<i>b. Reducible.</i>							
2	Married	F.	42	—	2 years	—	Entero-epiplocele
<i>c. Chronic Irreducible.</i>							
3	Married	F.	52	—	15 years	—	Entero-epiplocele
<i>d. Congenital Irreducible.</i>							
4	Infant	M.	1 day	—	Congenital	—	Enterocoele
<i>e. Inflamed Irreducible.</i>							
5	Married	F.	51	—	11 years	—	?
<i>f. Strangulated Irreducible.</i>							
6	Married	F.	40	—	7 years	6 days	?

*a. Reducible. No Operation.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Nil	6	U.	Soft omental hernia, size of hen's egg.

*Radical Cure.*

Sac empty at operation, excised. Opening closed by three silk sutures passed through aponeurosis and peritoneum on each side, and one deeper one. Some skin removed	51	C.	Pendulous abdomen. Hernia size of Tangerine orange. Small superficial sinus for some time after operation. A miscarriage occurred after operation.
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*No Operation.*

Ice-bag; ung. Boracis; elastic bandage	58	R.	Large pendulous lobulated hernia, with two ulcerated patches on most prominent portion. Circumference of hernia at base 19 inches.
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*Obstruction. Operation.*

Sac contained intestine with thickened œdematous walls. Firm adhesions between sac wall and the coils, and between the different coils. One coil distended to size of large intestine of an adult; this gave way, and its black fluid contents were evacuated. Rent sewn up; remainder now easily reduced. Sac removed and abdominal wound closed	3	D.	Hernia size of orange. Sac formed solely of structures of cord, dry and almost sloughy in places. Vomiting continued after operation. P.M.—Adhesive peritonitis immediately under wound; upper two thirds small intestine dilated, ending in saccular dilatation 2 inches in diameter; lower $1\frac{1}{2}$ feet barely admitted bullet probe; this arose obliquely from saccular dilatation, was adherent and slightly kinked; cæcum and large intestine small but pervious; no other malformations.
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*No Operation.*

Ice-bag; lotio Plumbi	8	R.	Inflamed and painful for 4 days, the skin becoming reddened. Vomited once.
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*No Operation.*

Ice-bag	2	R.	Operation 7 years ago for umbilical hernia. Refused operation after reduction this time.
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*g. Strangulated Irreducible.*

No.	Occupation.	Sex.	Age.	Side.	Duration of hernia.	Duration of strangulation.	Structure of hernia.
7	Married	F.	39	—	8 weeks	12 hours	Entero-epiplocele
8	—	F.	71	—	2 years	4 days	„

*h. Strangulated Irreducible.*

9	Married	F.	58	—	11 years	6 hours	Enterocele
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*i. Strangulated Irreducible. Herniotomy.*

10	—	M.	65	—	21 years	4 days	Entero-epiplocele
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*Herniotomy and Radical Cure.*

Treatment.	No. of days in hospital.	Result.	Remarks.
Sac contained adherent omentum and small intestine. Ring enlarged, gut reduced. Omentum ligatured and removed. Sac ligatured at neck and removed. Deep silk sutures to close opening	20	C.	The intestine was much congested in patches.
Sac contained thickened omentum and deeply congested loops of small intestine. Gut reduced, omentum ligatured and removed, sac excised. Deep sutures to close umbilical opening	1	D.	Hernia size of large cocoa-nut. Much collapsed on admission. Died morning after operation. No P.M.

*Herniotomy and Artificial Anus.*

Sac contained enormously distended large intestine, matted and adherent to sac. Gut ruptured on separating adhesions. Opened freely and fæces evacuated. Constriction divided, but hernia could not be replaced; it was therefore ligatured round neck and removed, the two divided ends of large intestine being sutured to opening in abdominal wall	1	D.	Large hernia, 7 inches in longest diameter. Skin adherent and thinned, with area of green discoloration. Fæcal vomiting. No P.M.
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*Resection of Intestine. Intestinal Anastomosis.*

Sac contained fæcal matter, much adherent inflamed omentum, and a gangrenous loop of small intestine. Omentum ligatured and removed together with the sac, which was sloughing. 13 inches of intestine resected with V-shaped piece of mesentery; this sutured, and ends of bowel turned in and closed. Lateral anastomosis established with Lembert's sutures. Intestine packed round with gauze and left <i>in situ</i> after division of the constriction	1	D.	Intestine had given way both at its neck and at centre of loop, and several ounces fæcal matter were in sac. P.M.—Protruding black mass, consisting of divided ends of small intestine, 4 feet above cæcum; lateral anastomosis had been successfully established; no peritonitis; cardiac disease; broncho-pneumonia in both lower lobes; kidneys large and hyperæmic.
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SPECIAL TABLE II.—*Erysipelas*

No.	Sex.	Age.	Disease for which admitted.	Ward in which it arose.	Duration in hospital before attack.	Probable cause of attack.	Month.
1	M.	29	Lupus of hand. <i>Two attacks</i>	Leopold	2 days 67 days	Lupus ulceration Plastic operation	January March
2	M.	69	Epithelioma of floor of mouth	Edward	13 days	Operation wound	January
3	M.	$\frac{10}{12}$	Acute epiphysitis of femur	Victoria	„	Incisions	„
4	M.	19	Tubercular sinuses of stump	Leopold	18 days	Scraping	February
5	M.	65	Epithelioma of glans penis	„	28 days	Amputation of penis	„
6	F.	23	Recurrent sarcoma of tonsil	Elizabeth	171 days	Ulceration of naso-pharynx	„
7	M.	5	Tubercular disease of ankle	Alexandra	21 days	Arthrectomy	March
8	M.	30	Tubercular disease of knee	Clayton	56 days	Sinuses after excision	April
9	F.	21	Lupus of face	Alexandra	3 days	Lupus ulceration	„
10	M.	9	Compound depressed fracture of vault	Clayton	„	Trephining	„
11	M.	56	Rodent ulcer of face	„	27 days	Ulcers of leg	May
12	M.	24	Tumour of spinal membranes	Leopold	23 days	Laminectomy	„
13	M.	37	Morbus coxæ. <i>Two attacks</i>	Albert	99 days 136 days	Excision wound Do.	„ July
14	M.	31	Compound fracture of olecranon	Leopold	18 days	Wiring of olecranon	May
15	F.	17	Morbus coxæ	Elizabeth	221 days	Sinuses	June

*(arising in hospital).*

Part where eruption appeared.	Interval between action of probable cause and appearance of eruption.	Duration of attack.	Result.	Remarks.
Forearm and hand	—	5 days	R.	Numerous previous attacks of erysipelas. Temp. 103° on second occasion.
Do.	1 day	4 days		
Face	5 days	3 days	D.	Jaw divided and sutured at operation. Rash spread over neck and face, and a patch appeared on right hand. Temperature reached 104·8°.
Thigh	11 days	7 days	D.	Lower end of femur, involving knee-joint. Rash spread up to trochanter. Temp. 104·6° before death. No rigors. P.M.—Broncho-pneumonia and collapse base of left lung.
Leg	„	6 days	R.	Rash spread up to knee. Temperature reached 101°.
Groin	20 days	5 days	C.	Amputation through base of penis. Removal of glands from both groins. Temp. 102·8°. Subsequent suppuration, with temp. 104·8°.
Nose and face	—	3 days	D.	Enormous growth, with ulceration on inner side. Much exhausted before attack. Spread to shoulders. Temperature reached 103°. Sank rapidly.
Foot	18 days	5 days	R.	Rash confined to legs. Temperature reached 104·6°.
Knee	—	12 days	R.	Rash commenced from sinuses, and spread to foot and on to trunk; fluid in chest. Temperature reached 105°.
Face	—	10 days	C.	Rash spread widely over face and neck. Temperature reached 104·2°.
Scalp	3 days	9 days	C.	Almost punctured fracture, with splintering of internal table; drainage. Suppuration and incisions. Perforation left cornea with prolapse of iris. Slight necrosis of vault.
Leg	—	8 days	C.	Rash started from small ulcer inner side of leg. Commenced with rigor. Highest temp. 104·8°.
Back	5 days	5 days	D.	Laminectomy and removal of tumour; rigor next day. Rash on 5th day. Suppuration, hiccough, and vomiting. P.M.—Suppuration among back muscles. Suppurative spinal meningitis.
Buttock	—	12 days	D.	First time rash spread to foot and over back; highest temp. 104·6°. Second attack began with rigor; temp. 104·8°. Steadily worse.
Thigh	—	10 days		Lardaceous disease and amputation at hip-joint.
Elbow	—	9 days	C.	Suppuration. Rash spread over right side, back, and shoulder, commencing with rigor. Temp. 104·2°.
Thigh	—	8 days	D.	Rash arose from sinuses. Temperature reached 105·4°. Ultimately died with empyema and lardaceous disease on 394th day.

SPECIAL TABLE II.—*Erysipelas*

No.	Sex.	Age.	Disease for which admitted.	Ward in which it arose.	Duration in hospital before attack.	Probable cause of attack.	Month.
16	F.	26	Cicatricial contraction of neck	Elizabeth	51 days	Plastic operation	June
17	M.	12	Tubercular sinuses over knee	Clayton	7 days	Scraping	„
18	F.	61	Scirrhus of breast	Elizabeth	30 days	Wound in axilla	„
19	M.	11	Tubercular glands of neck	Leopold	6 days	Sinuses in neck	„
20	F.	30	Transverse fracture of patella	Elizabeth	67 days	Septic arthritis of knee	„
21	M.	38	Compound fracture tibia and fibula	Clayton	26 days	Wound of leg	„
22	F.	42	Tubercular sinuses of forearm	Elizabeth	21 days	Sinuses	July
23	F.	34	Carcinoma of breast	Alexandra	16 days	Suppurating wound	„
24	F.	51	Carcinoma of rectum	Elizabeth	24 days	Colotomy wound	„
25	M.	77	Cellulitis of hand and forearm	William	2 days	Incisions	August
26	M.	19	Reducible inguinal hernia	Albert	4 days	Radical cure	„
27	M.	28	Infra-clavicular abscess	Leopold	3 days	Incision	September
28	M.	17 days	Phimosis	Victoria	1 day	Circumcision	October
29	F.	21	Lupus of cheek	Elizabeth	10 days	Excision of patch	November
30	M.	32	Varicocele	Clayton	9 days	Excision	„
31	F.	20	Lupus of face	Elizabeth	75 days	Lupus ulceration	December
32	M.	55	Irreducible inguinal hernia	Albert	21 days	Radical cure	„
33	M.	46	Fracture of femur	Leopold	208 days	Amputation of thigh	„

Above table shows 12 cases in Block 3—Alexandra 3, Elizabeth 9; 2 in Block 4—  
1 in Block 8—

*(arising in hospital)*—continued.

Part where eruption appeared.	Interval between action of probable cause and appearance of eruption.	Duration of attack.	Result.	Remarks.
Chest	—	17 days	R.	Flap operation, with subsequent grafting of raw surface; rash commenced here. Temperature 104·8°.
Leg	7 days	5 days	D.	Severe attack, commencing with rigor and spreading widely. Highest temp. 104·2°. P.M.—Broncho-pneumonia.
Chest-wall	—	3 days	C.	Wound grafted at operation. Suppuration in axilla when nearly healed. Rash started from here.
Neck	—	8 days	U.	Erysipelas commenced suddenly with temp. 105·4°. Rash spread to hand, face, and trunk.
Thigh	—	14 days	U.	Arthritis followed pinning. Arthrectomy performed; continued to suppurate, and erysipelas 30 days later. Commenced with rigor, temp. 105·4°. Spread widely; nephritis supervened.
Leg	—	8 days	R.	Suppuration. Erysipelas commenced with temp. 105·2°. Amputation of thigh 5 days later. Troublesome cystitis.
Forearm	—	4 days	C.	Sinuses scraped 13 days before attack. Erysipelas slight. Temp. 102°.
Chest-wall	—	10 days	D.	Pyæmia. For account of case see Special Table III.
Abdomen	9 days	9 days	R.	Intestine held up by glass tube passed through mesentery. Temperature reached 104·4°.
Forearm	2 days	5 days	D.	Much sloughing on admission. Treated in perchloride bath. Temperature 103·2°. P.M.—Hypostatic pneumonia.
Abdomen	1 day	10 days	C.	Rash patchy throughout. Highest temp. 103·2°. Suppuration, with some sloughing.
Chest	2 days	5 days	C.	Highest temp. 103°.
Genitals	1 day	8 days	D.	Admitted with cedema of scrotum. Rash spread over abdomen and back. Highest temp. 107·8°. P.M.—Large abscess on back; internal organs healthy.
Face and neck	10 days	8 days	C.	Severe attack. Sudden onset; temp. 105°.
Scrotum	7 days	3 days	C.	Extensive suppuration. Highest temp. 101·4°.
Face	—	4 days	R.	Mild attack. Highest temp. 102·4°.
Groin	10 days	7 days	C.	Shivering, but no definite rigor. Temperature reached 104·4°. Subsequent suppuration.
Thigh	—	6 days	C.	No union. Suppuration after wiring necessitated amputation. Erysipelas commenced with rigor. Temp. 104°.

Victoria 2; 3 in Block 6—Albert 3; 15 in Block 7—Edward 1, Leopold 8, Clayton 6; William 1.



## SPECIAL TABLE III.—PYÆMIA.

CLASS I.—*Admitted with the disease.*

*Burn of forearms and knee.*—Male, æt. 34. Accident had occurred 8 days before admission; no previous hospital treatment. Admitted with burns of 3rd and 4th degrees over forearms, hands, and left knee. Delirious on admission, tongue dry and brown, temperature 102°. Next day temperature rose rapidly to 105°, and fluid was detected in right knee-joint. Joint aspirated and 2½ ounces of pus evacuated. Temperature dropped to 103·4°, but again rose to 106° before death occurred on the following morning. No P.M.

*Cystitis.*—Male, æt. 64. Difficulty in micturition with continuous pain in lower abdomen for 6 weeks before admission. On admission feeble old man, stone deaf and with no sense of smell. Urine alkaline and extremely offensive, dark in colour, and containing much mucus. No stricture or enlargement of prostate. Bladder irrigated with carbolic acid lotion 1 in 100. The urine improved, but patient gradually sank, dying on 5th day. Highest temperature 100·2°. P.M.—Bladder twice the usual size; anterior two thirds hypertrophied, posterior third dilated into thin-walled sacculus. Mucous membrane purple and black, slightly fasciculated. No obstruction in urethra and no prostatic enlargement. Kidneys cystic, with several miliary abscesses under the capsule in each. Mucous membrane of pelves acutely inflamed. Lungs presented numerous nodules of caseous pneumonia, such as are seen in chronic phthisis. No certain appearance of tubercle anywhere. Also scattered groups of broncho-pneumonic islets, many of which had been converted into small abscesses, pyæmic in character. Atheroma of valves and aorta. Spleen large, containing a reddish-grey infarct.

*Retention of urine; stricture.*—Male, æt. 44. Gonorrhœa 20 years ago. Difficulty in micturition for 10 years, complete retention 1 day. Very ill on admission, with furred tongue and temperature 102·4°. Bladder distended to umbilicus. Stricture 5 inches from meatus, not admitting even a catgut guide. Hot bath, after which No. 2 silver passed and tied in. Urine clear, acid, containing albumen. Continuous dilatation, No. 5 passed on 4th day. Hiccough, diarrhœa, vomiting, and œdema of back on 5th day. Slight delirium at night. Temperature, which had been high throughout, reaching 104·4° on day after admission, sank to 95° before death occurred on 6th day. No signs in lungs throughout. P.M.—Fibrous thickening of membranous urethra, which behind this point was funnel-shaped, dilated, and ulcerated. Bladder much hypertrophied, with two small saccular protrusions; mucous membrane swollen and

injected, covered in patches with quasi-diphtheritic membrane. Kidneys slightly granular on surface; ureters and pelves normal. Several small abscesses in prostate, and in connective tissue under pubic arch. Lungs congested and cedematous, several small abscesses surrounded by hæmorrhage abutting on the surface of each—these undoubtedly embolic and infective. Endocardium deeply stained. Spleen much swollen.

*Erysipelas of scalp and face.*—Female, æt. 24. Admitted with extensive erysipelas of scalp and face. No history to be obtained, and no cause to be made out. Delirious on admission, temperature  $103.6^{\circ}$ . Death in 12 hours, temperature rising to  $106^{\circ}$ . P.M.—Several ounces of turbid fluid in each pleura, and recent lymph over both lungs. Typical infarcts in both lungs, some hæmorrhagic, others partially decolorised. Liver and kidneys cloudy. Spleen large and soft.

*Suppurating hæmatoma of scalp.*—Male, æt. 60. Treated by a doctor for 14 days for supposed facial erysipelas. Great swelling of scalp, face, and neck on admission, with fluctuation over scalp. Free incisions made, much pus evacuated, and offensive breaking-down clot washed out. Free drainage used. Became comatose, and died on 2nd day. Highest temperature  $102.4^{\circ}$ , no rigors. P.M.—Extensive suppurating hæmatoma of scalp, no fracture of skull. Some broken-down blood-clot in cavernous sinus. Recent lymph in course of main branches of left middle cerebral artery. Half a pint of purulent fluid in each pleura. Many broken-down infarcts containing fetid pus in both lungs, abutting on the surface; hypostatic pneumonia. Kidneys cloudy, liver fatty.

*Otitis media; thrombosis of lateral sinus and subdural abscess.*—Male, æt.  $5\frac{1}{2}$ . Discharge from left ear 6 months. Acute symptoms for 1 week. Drowsy and irritable on admission. Copious offensive discharge from left ear, with abscess above and behind pinna. No paralyses, fundi normal. Temperature  $104.4^{\circ}$  two hours after admission. Explored next day, abscess contained fetid pus, mastoid and part of squamous were bare, and mastoid perforated; mastoid gouged, bone sclerosed. Antrum opened up, contained pus; scraped out, irrigated, and drained. Next day temperature rose to  $106^{\circ}$ , with slight shivering. Temperature rose again to  $105.2^{\circ}$  on 3rd day. Lateral sinus explored, found partially plugged with offensive clot, with sloughy walls and surrounded by pus. Internal jugular vein ligatured in two places and divided, patent at this point. Sinus incised and clot removed. Small perforation found in dura mater. Cerebellum explored without result. Wound thoroughly irrigated and drained. Small hernia cerebri. Two rigors on 7th day. Extensive signs developed over both lungs. Death on 9th day. Diarrhœa for last 6 days. P.M.—Left middle ear contained pus, lateral sinus coated with fibrin. Turbid fluid in right tympanum. No cerebral abscess. Small quantity of offensive fluid in each pleura. Numerous infarcts in both lungs, more abundant in right. These were old, broken-down, and contained offensive brown fluid. Right lower lobe solid with bronchopneumonia. Liver cloudy.

*Otitis media; subdural abscess; meningitis.*—Male, æt.  $3\frac{1}{2}$ . Discharge from left ear 1 week. On admission abscess over mastoid, temperature  $103^{\circ}$ . Operation day of admission, abscess evacuated and mastoid drained. Temperature rose

to 106° on 4th day; slight rigidity of posterior neck muscles, no localising signs, and fundi normal. Temperature rose to 105·2° on 6th day; apathetic, some photophobia, and marked retraction of head. On 7th day temperature rose to 105·6°. Original wound enlarged, and trephine exposed middle and posterior fossæ. Subdural pus evacuated from around sinus. Sinus patent, and free hæmorrhage occurred from it during operation. Death the same evening. P.M.—A subdural abscess of considerable size had been evacuated. Middle ear contained blood-clot and granulation tissue, and pus was issuing from the internal auditory meatus. Lateral sinus appeared quite healthy on naked-eye examination, its lining being smooth and white. Tract of bone between middle ear and the subdural abscess was carious. General basal meningitis with abundance of lymph. Brain healthy. Both lungs contained several small abscesses towards free edge of lower lobes. No other ascending foci.

*Cellulitis of hand and forearm.*—1. Male, æt. 42. Commenced 10 days before admission as a red spot on back of left hand. Extensive cellulitis of hand and forearm on admission, into which superficial incisions had been made outside. Free incisions made, much sloughing of tissues and but little pus found. Treated in a bath of perchloride of mercury, 1 in 8000. Abscess of right forearm incised on 23rd day, the left forearm having improved meanwhile. Deep abscess of left thigh and superficial one over Poupart's ligament noticed on 45th day, followed 3 days later by one over left lower ribs, and another in left upper arm. All these freely opened, and condition gradually improved. Grating in left wrist-joint noted on 35th day. Temperature raised throughout, but never higher than 103·2°; no rigors. Discharged much improved on 101st day.

2. Male, æt. 45. Wound of right palm 9 days before admission. Swelled next day, with shivering, and grew steadily worse. Left arm also swollen 6 days. Delirious at night for a week. Cellulitis of right hand and forearm on admission, with erysipelas of left arm and forearm. Incisions made. Temperature rose to 104·6° on 3rd day; night delirium. Grating in right wrist on 12th day. Diarrhœa. Numerous fresh incisions made, and forearm amputated on 23rd day. Abscess over left hip evacuated on 29th day, followed by redness and swelling of left elbow, with fluid in the joint. Gradual improvement; discharged cured on 107th day. Temperature high throughout; no rigors.

#### CLASS II.—*Acute bone cases.*

*Acute epiphysitis of humerus.*—Female, æt. 3 weeks. Swelling of right shoulder first noticed 8 days before admission. Incised on admission, joint opened, pus evacuated, and joint drained. Left knee swollen on 9th day, incised and a small quantity of pus evacuated. Left hip and right wrist opened on 12th day, both containing pus. A fit occurred in the evening, and others followed before death next day. Highest temperature 106·2° on 11th day; no rigors. No P.M.

*Acute epiphysitis of femur.*—Female, æt. 6. Vague pain in left groin for 6 months. Acute illness with pain in left hip for 7 days; no injury. On admission uniform tender swelling of left groin, thigh flexed and abducted. Temperature 102·4°. On 3rd day incision made above Poupart's ligament opening sheath



of iliacus, but no pus found. Second incision made in thigh external to artery, and pus evacuated from sheath of ilio-psoas. Deep pressure in pelvis forced out more pus from psoas. Drained. Fitted later with double Thomas. Again explored on 30th day, a large abscess over great trochanter evacuated, and free communication established between wounds. On 34th day bare head of femur was found lying loose, and was extracted and upper end of neck sawn off. Temperature continued high, and offensive abscess just outside left labium majus was evacuated. Death on 43rd day with signs of fluid in right pleura and affection of both lungs. Pus evacuated from pleura before death. Temperature high throughout, twice reaching  $105.2^{\circ}$ ; no rigors. P.M.—A sloughy cavity containing pus represented the hip-joint. Into this cavity projected the stump of neck of femur, and a patch of necrosis occupied upper outer third of acetabulum. Pus had entered psoas sheath as it passed over hip-joint, reaching vertebral column. Right pleura contained  $\frac{1}{2}$  pint of thick pus; right lung was almost totally collapsed, with abscess size of walnut on lateral surface of lower lobe. Left lung congested. No other secondary deposits.

*Acute epiphysitis of acetabulum.*—Male, æt. 4. Pain in left hip 2 days. History of slight fall the day before. On admission thigh swollen and inflamed, hip flexed, temperature  $102.4^{\circ}$ . Fluctuating swelling left side of pelvis 2nd day. Incision above outer part of Poupart's ligament 3rd day, and pus evacuated. Fixed in long outside splint. Head of femur excised on 26th day; cartilage and ligamentum teres destroyed. Perforation in floor of acetabulum leading into pelvis; this enlarged. Several ounces of fluid aspirated from left chest on 37th day; this rapidly re-collected. Death on 51st day. Temperature high and irregular throughout, reaching  $104.6^{\circ}$ . P.M.—Acetabulum denuded of cartilage and perforated. Collection of thick pus on abdominal side of acetabulum, extending towards lumbar spine. Localised empyema above and in front of left apex, rest of cavity obliterated. Intense recent pleurisy on right side. Both lungs congested. Left innominate vein full of septic clot, extending across into right jugular, and so into right lateral sinus. General suppurative meningitis. Lateral ventricles distended with turbid fluid. Liver studded with numerous small yellow areæ, the nature of which was obscure.

### CLASS III.—*Arising in hospital.*

*Incised wound of forearm*—Male, æt. 49. Deep wound on flexor side of left forearm, caused by glass. Under anæsthetic, tendons of flex. subl. dig., flex. prof. dig., flex. carp. rad., flex. carp. uln., and palm. long. sutured, together with ulnar and median nerves. No drainage. Suppuration ensued, stitches removed, forearm treated in boracic bath. Forearm and hand became greatly swollen, needing free incisions. Temperature  $105^{\circ}$  on 11th day, when forearm was amputated in upper third. Diarrhœa supervened, the temperature continuing high, and on 14th day left knee contained fluid, the swelling spreading up thigh. Right knee affected 3 days later, abdomen distended, with copious green vomiting 3 hours before death, which occurred on 17th day. Highest temperature  $105^{\circ}$ ; no rigors. P.M.—Flaps sloughy and offensive; no venous thrombosis. Left knee-joint contained much thin offensive pus; cartilage on femoral condyles was destroyed in patches and softened elsewhere. Lungs congested and emphysematous, no

abscesses. Spleen diffuent, kidneys intensely hyperæmic. No other secondary deposits.

*Compound fracture of femur and wound of knee-joint.*—Female, æt. 8. Thigh caught between spokes of cart-wheel. Examined under anæsthetic. One-inch wound above outer side of patella, leading through a hæmatoma to bone. Oblique fracture of femur above condyles, lower fragment drawn up and out, while lower end of upper fragment pressed on popliteal vessels. Foot cold, but warmth returned on reducing deformity. Put up in plaster-of-Paris splint. Discharge offensive on 3rd day. Foot swollen, with mottled discoloration of toes, on 4th day. Local gangrene supervened round the wound. This increased much by 9th day, the upper fragment projecting from the wound, dry and hard. Delirious with slight rigor on 10th day, foot gangrenous. Flap amputation of thigh in lower third on 13th day. No hæmorrhage from main vessels. Stump became offensive and flaps separated. Bone protruding from stump on 20th day. Abscess over sacrum. Rigor. Re-amputation on 21st day, the medulla being found healthy on section. Rigor on 24th day. Grating in left shoulder on 27th day, with abscess of palm. Another rigor, and thrombosis of deep veins of both thighs and abdomen, on 28th day. Death on 34th day. Temperature high and irregular throughout, several times reaching  $104^{\circ}$ . P.M.—Flaps oedematous and ununited, bone healthy to naked eye. Ante-mortem clot in left femoral vein, with puriform collection in it. This clot extended up external iliac and inferior vena cava as far as the renal veins. Similar softening clot in right external iliac and femoral veins. Peri-phlebitic abscess at lower end of right Scarpa's triangle. Left shoulder-joint contained a drachm of thick pus. No secondary deposits in viscera.

*Hæmaturia.*—Male, æt. 49. Hæmaturia for 8 weeks, with pain in loins and increased frequency of micturition. No true attacks of colic. Tenderness on deep palpation in left lumbar region, no definite tumour. Urine acid. Lumbar exploration, kidney small, but nothing else detected. Slight shivering next day. Temperature rose to  $103.2^{\circ}$  on 3rd day, followed by dulness, tubular breathing, and crepitations over lower part of right lung. Temperature continued high, reaching  $105.6^{\circ}$  on 8th day; no rigors. Death on 11th day after operation. P.M.—No disease of kidneys or ureters, bladder dilated and hypertrophied. Several ounces of pus in right pleura. Large infarct in right lung, softening in centre. Liver cloudy, spleen soft.

*Old injury of shoulder.*—Female, æt. 48. Fall downstairs on to right elbow 4 months before admission. Very stout woman, with subcoracoid dislocation accompanied by soft crepitus. Paralysis of nerves of brachial plexus, with trophic skin changes. Operation on 7th day, and incision made as reduction was impossible. Humerus dislocated downwards and forwards, and apparently an united fracture of surgical neck, with separation of great tuberosity. Dislocation reduced. Temperature rose next day. Suppuration and drainage. Affection of base of right lung, abscesses forming over shoulder. Hæmorrhage from rectum and vagina on 48th day. Recto-vaginal fistula found. Temperature continued high, several times reaching  $104.8^{\circ}$ , and death occurred on 51st day. P.M.—Disorganisation of shoulder-joint, both humerus and scapula being denuded of cartilage. Articulation contained pus, which extended on to front of chest.



Septic osteo-myelitis of humerus with suppurating foci. No trace of fracture. Bloody fluid in pleuræ. Lungs pneumonic, with scattered pyæmic abscesses. Right hydrosalpinx and left hæmatosalpinx. Kidneys contained numerous abscesses. Recto-vaginal fistulæ, probably congenital in origin.

*Carcinoma of breast.*—Female, æt. 34. Tumour of left breast 6 months. Large sloughy ulcer with everted edges, and diameter of mouth of tea-cup. Skin around reddened, and adherent to large growth beneath. Glands in axilla. Amputation with portion of pectoral muscles and removal of axillary glands. Skin brought together with difficulty. Temperature rose next day. Extensive suppuration, sloughing and gaping of wound. Erysipelas on 18th day. Rib cartilages exposed and necrosing in wound. Septic thrombosis of veins of right leg and arm. Rigor on 33rd day, repeated 7 times afterwards before death on 44th day after operation. Temperature high and irregular, highest 105°. P.M.—Wound exposes 3 inches of 2nd, 3rd, 4th, and 5th ribs, with their adjacent cartilages. These all bare and necrosing. Right femoral vein occupied throughout by a semi-purulent thrombus, tissues around œdematous and pulpy. Bloody serum in right pleura. Numerous miliary foci of suppuration throughout left lung, also sprinkling of miliary tubercles, with large tubercular cavity in apex. Condition of right lung similar, but suppurating foci less numerous. No other secondary deposits.

SPECIAL TABLE IV.—Fractures and Dislocations treated

BONE.	Sex.		Age.								
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60	Not stated.
DISLOCATIONS.											
<i>Inferior Maxilla—</i>											
Bilateral . . . .	...	3	...	...	...	2	...	...	1	...	...
Unilateral . . . .	1	1	...	...	...	...	2	...	...	...	...
<i>Clavicle . . . .</i>	1	...	...	...	...	...	...	1	...	...	...
<i>Humerus—</i>											
Subcoracoid . . . .	31	16	...	...	1	5	6	7	17	11	...
Subclavicular . . . .	2	...	...	...	...	1	1	...	...	...	...
Subglenoid . . . .	6	4	...	...	...	1	1	1	4	3	...
<i>Radius and Ulna . . . .</i>	18	3	1	5	10	1	2	1	...	...	1
<i>Radius . . . .</i>	1	2	...	...	2	...	...	1	...	...	...
Subluxation . . . .	1	1	1	...	1	...	...	...	...	...	...
<i>Ulna . . . .</i>	1	...	...	1	...	...	...	...	...	...	...
<i>Carpus . . . .</i>	3	...	...	...	2	...	1	...	...	...	...
<i>Metacarpal . . . .</i>	1	...	...	1	...	...	...	...	...	...	...
<i>Thumb—</i>											
Proximal phalanx . . . .	3	2	1	1	1	1	1	...	...	...	...
Distal phalanx . . . .	5	4	...	...	1	2	1	4	1	...	...
<i>Fingers—</i>											
Proximal phalanx . . . .	3	1	...	...	...	1	...	1	1	1	...
Middle phalanx . . . .	3	3	...	...	2	1	1	1	...	1	...
Distal phalanx . . . .	2	1	...	...	...	1	2	...	...	...	...
<i>Femur . . . .</i>	1	...	...	1	...	...	...	...	...	...	...
FRACTURES.											
<i>Frontal . . . .</i>	...	1	...	...	...	...	1	...	...	...	...
<i>Zygoma . . . .</i>	2	2	...	...	...	1	1	2	...	...	...
<i>Superior Maxilla . . . .</i>	1	...	...	...	...	...	1	...	...	...	...
<i>Nasal . . . .</i>	7	3	...	1	...	4	5	...	...	...	...
<i>Inferior Maxilla . . . .</i>	3	4	...	...	...	3	3	1	...	...	...

*in Casualty Department, not admitted to Wards.*

Side of body.			Remarks.
R.	L.	Not stated.	
3	3	...	Yawning 2, coughing 1.
...	2	...	Yawning 2.
1	...	...	Acromial end upward. Direct violence.
28	19	...	Direct violence 9. Recurrent 2. Fracture of ribs 1. Anæsthetic 9.
2	...	...	Anæsthetic 2.
4	6	...	Direct violence 2.
7	14	...	Direct violence 5. Backward 11; backward and outward 5; backward and inward 1. Both elbows 1. Fracture internal condyle 2, radius and ulna 1, radius 1.
2	1	...	Backward 1; outward 1; forward 1. Fracture external condyle 1, ulna 1.
...	2	...	
...	1	...	
1	2	...	Partial 1; backward 2.
1	...	...	3rd metacarpal. Direct violence.
3	2	...	Anæsthetic 1.
2	7	...	Compound 3.
2	2	...	4th 1; 5th 1; 2nd and 3rd 1; 4th and 5th 1.
3	3	...	1st 1; 4th 1; 5th 1; 3rd 2; 4th and 5th 1. Compound 1.
1	2	...	3rd 1; 5th 2.
1	...	...	Scarlet fever. Dislocation reduced and admitted to Medical ward. Dislocation on to dorsum ilii.
1	...	...	Compound of outer table only.
2	2	...	Direct violence in all.
...	1	...	Orbital ring. Not compound.
8	10	...	Bilateral 8. Compound 2.
...	...	...	Comminuted 1.

SPECIAL TABLE IV.—*Fractures and Dislocations treated in*

BONE.	Sex.		Age.									Not stated.
	M.	F.	-5	-10	-20	-30	-40	-50	-60	+60		
FRACTURES—continued.												
Ribs . . . . .	71	38	2	1	4	9	15	42	21	14	1	
Scapula . . . . .	5	2	1	...	...	...	1	2	1	2	...	
Clavicle . . . . .	73	47	41	25	13	11	16	5	6	3	...	
Humerus—												
Anatomical neck . . . . .	2	...	...	...	...	...	...	...	2	...	...	
Surgical neck . . . . .	7	8	...	1	1	2	...	2	4	5	...	
Shaft . . . . .	11	9	9	2	1	2	...	2	2	2	...	
Lower extremity . . . . .	16	8	6	7	8	1	1	1	...	...	...	
Unstated . . . . .	3	1	1	1	2	...	...	...	...	...	...	
Separation of epiphysis . . . . .	6	2	5	2	1	...	...	...	...	...	...	
Radius and Ulna—												
Upper third . . . . .	3	1	1	1	1	...	...	...	1	...	..	
Middle third . . . . .	20	9	10	9	8	1	...	...	1	...	...	
Lower third . . . . .	19	4	2	6	11	1	...	...	2	1	...	
Unstated . . . . .	7	1	1	5	...	...	...	...	...	2	...	
Radius—												
Upper third . . . . .	9	13	16	4	2	...	...	...	...	...	...	
Middle third . . . . .	18	9	11	8	4	1	2	1	...	...	...	
Lower third . . . . .	34	55	11	1	14	9	7	7	22	17	1	
Unstated . . . . .	8	6	5	2	2	2	3	...	...	...	...	
Ulna—												
Olecranon . . . . .	13	...	1	2	1	4	3	1	1	...	...	
Middle third . . . . .	9	4	3	...	3	...	4	3	...	...	...	
Lower third . . . . .	2	3	...	...	2	...	1	1	1	...	...	
Unstated . . . . .	1	2	...	...	1	...	1	...	1	...	...	
Metacarpus . . . . .												
Phalanges . . . . .	25	4	1	1	5	5	10	4	1	2	...	
Femur . . . . .	1	...	1	...	...	...	...	...	...	...	...	
Patella . . . . .	1	...	...	...	...	...	...	...	...	1	...	
Tibia and Fibula . . . . .	...	1	1	...	...	...	...	...	...	...	...	
Tibia . . . . .	11	3	5	6	...	1	...	1	1	...	...	
Fibula . . . . .	37	5	3	2	4	10	14	5	3	1	...	
Metatarsus . . . . .												
Phalanges . . . . .	7	...	...	...	2	2	2	...	1	...	...	

*Casualty Department, not admitted to Wards—continued.*

Side of body.			Remarks.
R.	L.	Not stated.	
46	63	...	2nd 3; 3rd 2; 4th 3; 5th 5; 6th 13; 7th 19; 8th 27; 9th 19; 10th 21; 11th 11; 12th 3; single unstated 14; multiple unstated 14.
1	6	...	Spine 1; acromion 2; coracoid 1; body 3.
58	62	...	Outer third 51; middle third 22; inner third 3. Greenstick 27. Comminuted 2.
...	2	...	Direct violence in both.
5	10	...	
11	9	...	Upper third 3; middle third 6; lower third 3. Greenstick 3.
8	16	...	External condyle 5; internal condyle 9; T-shaped into joint 3. Dislocation of elbow 1; of radius backward 1. Fracture of radius 1.
2	2	...	
4	4	...	Upper 2; lower 5; external condyle 1.
2	2	...	Greenstick 1.
12	17	...	Greenstick 16.
9	14	...	Greenstick 5. Compound comminuted 1.
4	4	...	Greenstick 1.
6	16	...	Greenstick 2. Separation of epiphysis 2. Fracture of condyle 2.
15	12	...	Greenstick 15.
31	58	...	Colles' fracture 62. Separation of epiphysis 6.
6	8	...	Greenstick 4.
3	10	...	Compound 1.
9	4	...	Greenstick 4. Dislocation of radius 1.
3	2	...	
1	2	...	
18	7	...	1st 9; 2nd 5; 3rd 4; 4th 2; 5th 3; 4th and 5th 1; 2nd, 3rd, 4th, and 5th 1. Compound 2.
18	11	...	Both hands 1. Compound 17.
1	...	...	Junction of upper and middle thirds.
...	1	...	Direct violence.
1	...	...	Lower third.
5	9	...	Middle third 7; lower third 6; separation of lower epiphysis 1.
27	15	...	Upper third 3; middle third 6; lower third 31; separation of lower epiphysis 2.
5	5	...	1st 2; 2nd 1; 3rd 2; 4th 3; 5th 1; 4th and 5th 1.
3	4	...	Compound 1.





# REPORT OF

## THE MIDWIFERY DEPARTMENT

### FOR 1892.

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BY ROBERT CORY, M.A., M.D., F.R.C.P.

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THE RESIDENT ACCOCHEURS FOR THE YEAR WERE MESSRS. LOW, STOKES,  
HAYDON, AND WAINWRIGHT.

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FROM the 1st of January, 1892, to the 31st of December, 1892 (both dates inclusive), 2266 women were attended. Of these, 2244 resulted in single births and 22 in twin births. There were 16 cases of abortion among the single births, but 0 among the twins.

In the following table the presentations of the children are classified :

	Among the single births.	Among the twin births.	Total.
Vertex . . . . .	2178	30	2208
Breech . . . . .	26	9	35
Superior extremities, including the shoulder . . . . .	2	1	3
Head and arm . . . . .	0	1	1
Inferior extremities . . . . .	9	3	12
Face and brow . . . . .	3	0	3
Abortions and premature births . . . . .	26	0	26
	2244	44	2288

Of the 2266 cases attended,

374 were 1st confinements.				66 were 10th confinements.			
339	"	2nd	"	38	"	11th	"
304	"	3rd	"	27	"	12th	"
276	"	4th	"	15	"	13th	"
227	"	5th	"	3	"	14th	"
192	"	6th	"	3	"	15th	"
174	"	7th	"	1	"	17th	"
120	"	8th	"	2	"	19th	"
105	"	9th	"				
				2266			

The following table shows the number of women confined at each consecutive year of life; the youngest mother was 17, and the oldest 47:

At the age of	No. of women confined.	At the age of	No. of women confined.
17	...	33	...
18	...	34	...
19	...	35	...
20	...	36	...
21	...	37	...
22	...	38	...
23	...	39	...
24	...	40	...
25	...	41	...
26	...	42	...
27	...	43	...
28	...	44	...
29	...	45	...
30	...	46	...
31	...	47	...
32	...		...
			2266

The FORCEPS were used in 41 cases. The reasons given for their use may be tabulated as follows:

Delay during 1st stage of labour.	. . . 6	{ 3 contracted pelves.
		{ 3 prolapsed funis.
Delay during 2nd stage of labour	. . . 35	{ 22 tedious primipara.
		{ 9 inertia.
		{ 4 not stated.

There were 22 cases of primiparæ among the 41 forceps cases. This gives a percentage of 53.66. Rupture of the perinæum is reported to have taken place severely in 1 case only.

PLACENTA PRÆVIA.

Six cases of placenta prævia are reported as having occurred during the year.

No.	Age.	Confinement.	Sex of child.	Treatment.	Result to mother.	Result to child.
1503	28	4th	M.	Not stated	Recovered	Stillborn
1680	32	5th	M.	Version	„	„
2028	22	2nd	M.	„	„	„
2127	21	3rd	F.	„	„	„
*3358	20	1st	F.	„	„	Living
1	40	9th	F.	„	„	Stillborn

\* Case of transverse presentation.

It is to be noticed how large is the mortality among the children when version is resorted to in cases of placenta prævia. The only child born living was the one in which version was apparently justified.

The BREECH presented in 26 cases among the single births, which gives a proportion of 1 in every 86·3 births. In 10 of these cases the children were stillborn, which is equivalent to 38·5 per cent. among the breech presentations.

There were 2 cases of craniotomy during the year. The following table gives the particulars.

No.	Age.	Confinement.	Sex.	Reason for operation.	Result to mother.
2073	33	5	M.	Rachitic pelvis	Recovered
3187	25	5	M.	„	„

Three maternal deaths occurred during the year. The following table gives particulars.

No.	Age.	Confinement.	Sex of child.	Result to child.	Interval between birth of child and death of mother.	Cause.
1787	35	7th	M.	Stillborn ; intra-uterine maceration	Not stated	Pneumonia
3214	30	2nd	F.	Living	5 weeks	Said to have died of phthisis
12	29	1st	F.	„	20 minutes	Hæmorrhage

This gives a death-rate of ·13 per cent.

OF THE CHILDREN.—The number of children born among the 2266 women attended during the year was 2288, there being 22 cases of twin births. The sexes of 2282 were: 1206 males and 1076 females. The sexes of 6 born at early periods of gestation are not recorded.

There were 104 stillbirths, or 1 in 22·75 labours, *i. e.* 4·37 per cent.

The characters of the labours in which the stillbirths occurred are given below.

Natural labours, including cases of intra-uterine maceration . . . . .	55
Abortions . . . . .	9
Premature . . . . .	5
Breech . . . . .	10
Craniotomy . . . . .	2
Twins . . . . .	5
Funis . . . . .	3
Forceps . . . . .	3
Footlings . . . . .	5
Placenta prævia . . . . .	5
Shoulder with version . . . . .	2



The following table gives particulars of the cases of multiple births :

No.	Age of mother.	No. of confinement.	Date of birth.	Sex.		Result to mother.	Result to children		Presentations.	
				1st.	2nd.		1st.	2nd.	1st.	2nd.
1143	19	1	Feb. 18	M.	M.	R.	L.	L.	Vertex	Breech
1210	42	10	Feb. 3	M.	F.	R.	L.	L.	"	Vertex
1295	26	6	Jan. 8	M.	F.	R.	L.	L.	"	Breech
1314	36	5	Jan. 8	M.	F.	R.	L.	L.	"	Vertex
1386	24	4	Jan. 6	M.	M.	R.	L.	S.	"	Vertex and hand
1516	29	2	Jan. 27	M.	F.	R.	L.	L.	"	Vertex
1543	32	8	Feb. 5	M.	F.	R.	L.	L.	"	Breech
1664	30	6	Feb. 27	M.	M.	R.	L.	S.	"	"
1911	27	1	Feb. 10	M.	M.	R.	S.	S.	Feet	Feet
1942	25	3	March 31	M.	M.	R.	L.	L.	Breech	Vertex
2027	29	7	March 9	M.	M.	R.	L.	L.	Vertex	Shoulder
2043	33	4	May 8	M.	M.	R.	L.	S.	"	Breech
2194	23	2	March 29	F.	F.	R.	L.	L.	"	Vertex
2332	37	11	May 21	M.	M.	R.	L.	L.	Breech	"
2428	27	4	June 24	F.	F.	R.	L.	L.	Vertex	"
2528	41	9	Aug. 16	F.	F.	R.	L.	L.	"	"
2818	36	9	Aug. 2	M.	M.	R.	L.	L.	"	"
2926	34	8	July 8	M.	M.	R.	L.	L.	Breech	"
2928	28	3	Aug. 15	M.	M.	R.	L.	L.	Vertex	"
3090	31	6	July 16	M.	F.	R.	L.	L.	"	"
3400	22	2	Nov. 11	F.	F.	R.	L.	L.	Feet	"
3448	25	2	Oct. 16	M.	F.	R.	L.	L.	Vertex	Breech



# REPORT OF

## THE MIDWIFERY DEPARTMENT

### FOR 1893.

BY ROBERT CORY, M.A., M.D., F.R.C.P.

THE RESIDENT ACCOUCHEURS FOR THE YEAR WERE MESSRS. C. S. WALLIS,  
R. K. ELLIS, J. H. FISHER, AND R. F. CHANCE.

FROM the 1st of January, 1893, to the 31st of December, 1893 (both dates inclusive), 2319 women were attended. Of these, 2293 resulted in single births and 26 in twin births. There were 19 cases of abortion among the single births and 1 among the twins.

In the following table the presentations of the children are classified :

	Among the single births.	Among the twin births.	Total.
Vertex . . . . .	2218	38	2256
Breech . . . . .	25	7	32
Superior extremities, including the shoulder . . . . .	2	1	3
Head and arm . . . . .	1	—	1
Inferior extremities . . . . .	5	4	9
Face and brow . . . . .	5	0	5
Abortions and premature births .	37	2	39
	<u>2293</u>	<u>52</u>	<u>2345</u>
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Of the 2319 cases attended,

361 were 1st confinements.

374 „ 2nd „

331 „ 3rd „

257 „ 4th „

252 „ 5th „

197 „ 6th „

166 „ 7th „

124 „ 8th „

104 were 9th confinements.

70 „ 10th „

42 „ 11th „

19 „ 12th „

11 „ 13th „

8 „ 14th „

3 „ 16th „

2319

The following table shows the number of women confined at each consecutive year of life ; the youngest mother was 17, and the oldest 48 years of age :

At the age of	No. of women confined.	At the age of	No. of women confined.
17	2	34	58
18	18	35	72
19	48	36	62
20	87	37	64
21	110	38	63
22	125	39	55
23	155	40	41
24	152	41	20
25	155	42	23
26	135	43	15
27	129	44	9
28	142	45	7
29	139	46	4
30	147	47	2
31	97	48	1
32	88		
33	94		
			2319

The FORCEPS were used in 29 cases. The reasons given for their use may be tabulated as follows :

Delay during 1st stage of labour . . .	2	contracted pelves.
Delay during 2nd stage of labour . . .	21	8 tedious primipara.
		5 inertia.
		8 not stated.

There were 9 cases of primiparæ among the 23 forceps cases. This gives a percentage of 39·1. Rupture of the perinæum is reported to have taken place in 3 cases among the 23 cases.

No cases of placenta prævia are reported as having occurred during the year.

The BREECH presented in 25 cases among the single births, which gives a proportion of 1 in every 89·76 births. In 14 of these cases the children were stillborn, which is equivalent to a death-rate of 56 per cent. among the infants.

No cases of craniotomy had to be performed during the year.

Nine cases of maternal deaths occurred during the year. The following table gives particulars :

Date.	No.	Age.	Confinement.	Sex of child.	Result to child.	Interval between birth of child and death of mother.	Cause.
Jan. 13	280	26	4	M.	Living	5 hours	Hæmorrhage.
Feb. 28	1036	21	3	F.	„	5 days	Smallpox.
July 27	1479	46	7	M.	Stillborn	4 days	Forceps and version (died in hospital).
Aug. 11	2010	20	1	M.	„	2 hours	Hæmorrhage; syncope.
Sept. 13	2154	27	5	M.	Living	5 days	Septicæmia.
Sept. 27	2190	36	6	F.	„	8 days	Double pneumonia.
Oct. 2	2462	38	9	M.	„	3 days	Acute peritonitis.
Nov. 22	2496	33	7	M.	„	11 days	Septicæmia.
Oct. 12	2530	26	4	F.	„	13 days	Acute peritonitis.

This gives a death-rate of ·388, but 1 of them died of smallpox. The child of this woman was vaccinated within twenty-four hours of birth, and escaped the disease. Another died of double pneumonia, probably the result of influenza. Deducting these two the death-rate would be ·3, but this death-rate is abnormally high.

OF THE CHILDREN.—The number of children born among the 2319 women attended during the year was 2345, there being 26 cases of twin births. The sex of these were: 1199 males and 1146 females.

There were 99 stillbirths among the 2293 single births and 13 among the 26 twin births, that is 1 in every 23·2 labours, or 23·2 per cent. in the former class and 25 per cent. among the latter.



The characters of the labours in which the stillbirths occurred are given below.

Natural labour, including intra-uterine maceration . . . . .	55
Abortion . . . . .	14
Premature . . . . .	7
Breech . . . . .	13
Twins . . . . .	13
Funis . . . . .	1
Forceps . . . . .	2
Footlings . . . . .	3
Shoulder . . . . .	3
Face . . . . .	1
	<hr/> 112

The following table gives particulars of the cases of multiple births :

No. in Maternity Book.	Age of mother.	No. of confinement.	Date of birth.	Sex.		Result to mother.	Result to children.		Presentation of children.	
				1st.	2nd.		1st.	2nd.	1st.	2nd.
373	33	6	Jan. 31	M.	F.	R.	L.	L.	Vertex	Breech
647	30	4	March 3	M.	F.	R.	S.	L.	Feet	Feet
753	42	13	March 2	F.	F.	R.	L.	L.	Vertex	Vertex
1101	30	2	May 14	M.	M.	R.	L.	S.	"	"
1156	37	3	July 23	F.	M.	R.	L.	L.	"	Transverse
1318	25	3	April 29	F.	F.	R.	L.	L.	"	Vertex
1381	28	4	July 26	F.	F.	R.	S.	L.	Breech	"
1442	27	4	June 15	F.	F.	R.	L.	L.	Vertex	"
1478	33	8	July 23	F.	F.	R.	L.	S.	"	"
1499	30	3	June 18	M.	M.	R.	L.	L.	Feet	Feet
1657	31	6	Sept. 9	F.	F.	R.	L.	L.	Vertex	Vertex
1828	34	7	May 26	F.	F.	R.	S.	S.	"	"
1907	?	?	May 30	?	?	R.	S.	S.	Abortion	
2003	35	10	June 27	M.	M.	R.	L.	L.	Vertex	Vertex
2062	33	9	July 5	M.	M.	R.	S.	S.	"	"
2122	28	1	Nov. 7	F.	F.	R.	S.	S.	"	"
2152	39	9	July 17	F.	F.	R.	L.	L.	"	Breech
2174	31	5	Nov. 26	F.	M.	R.	L.	L.	"	Vertex
2441	35	10	Sept. 16	F.	F.	R.	L.	L.	"	Breech
2489	43	9	Oct. 12	F.	F.	R.	L.	L.	"	Vertex
2680	29	6	Nov. 24	M.	F.	R.	L.	L.	"	"
2701	43	6	Dec. 31	M.	F.	R.	L.	L.	"	"
2735	20	1	Dec. 3	M.	F.	R.	L.	S.	"	"
2929	40	10	Dec. 12	M.	M.	R.	L.	L.	Breech	Breech
2939	25	4	Nov. 22	M.	F.	R.	L.	L.	Vertex	Vertex
3059	39	10	Dec. 29	F.	F.	R.	L.	L.	Breech	"

# REPORT

## OF THE

### IN-PATIENT DEPARTMENT FOR DISEASES OF WOMEN

### FOR THE YEAR 1892.

BY WALTER W. H. TATE, M.D., M.R.C.P.

IN preparing the Report for the year 1892 I have followed as far as possible on the lines previously adopted by Dr. Cullingworth. The four general tables are arranged : (1) to give a general statement of the number of patients admitted during the year, with the results of treatment ; (2) as a classified list of all the cases dealt with, with a brief general summary of the methods of treatment ; (3) as a classified list of all the abdominal sections and of the major operations *per vaginam* performed during the year ; and (4) to show the causes of death in the fatal cases which occurred. The three special tables deal with those cases in which abdominal section was performed for various diseases affecting the pelvic and abdominal organs.

TABLE I.

#### *General Statement of Patients in Adelaide Ward.*

Number of Beds in Ward (including small Ward)	...	...	...	21
Number of Patients in Ward, Jan. 1st, 1892	...	...	...	9
"                    "          Dec. 31st, 1892...	...	...	...	12
"                    "          discharged or who died during 1892 :				
			Rate per cent.	
Cured	...	...	...	165
Relieved	...	...	...	50
Unrelieved or other causes	...	...	...	22
Died	...	...	...	11
				248
Total	...	...	...	100·00

Average number of days of each patient's stay in hospital—30·91.

TABLE II.—*General Table of Diseases.*

DISEASE.	Number of cases	Age.					Duration of residence.					REMARKS.		
		10-20	-30	-40	-50	Above 60	Under 1 wk.	1-2 weeks	2-4 weeks	1-2 months	Above 2 mos.			
												Cured.	Relieved.	Unrelieved.
I. DISEASE OF OVARIES.														
a. Simple and multiple cysts	7	...	3	1	3	...	...	...	...	7	...	7	...	All these 7 cases were operated on. In 2 of the cases twisting of the pedicle was found.
b. Suppurating cysts of ovary	8	...	3	3	2	...	1	...	...	6	1	7	...	1 All operated upon (see Special Table I).
c. Dermoid cyst of ovary	4	...	3	...	...	1	...	1	...	3	...	4	...	All operated upon.
d. Papillomatous cyst of ovary	3	...	1	1	1	...	...	...	...	3	...	3	...	All operated upon.
Cyst of ovarian ligament	1	...	1	...	...	...	...	...	...	1	...	1	...	Before operation the swelling was considered to be a dilated tube. The cyst was punctured, the fluid evacuated, and the opening in it closed.
Parovarian cyst	3	1	1	...	1	...	...	...	...	3	...	3	...	All operated upon.
II. DISEASES OF FALLOPIAN TUBES.														
Salpingitis	14	2	8	3	1	...	...	5	2	7	...	6	1	1 Out of 8 cases operated upon 6 were cured, 1 was relieved, and 1 died. Five cases were relieved by rest; 1 refused operation.
Pyosalpinx	9	...	5	3	1	...	...	1	1	7	...	8	1	8 cases were cured by operation; 1 case refused operation.
Hydrosalpinx	1	...	1	...	...	...	...	...	...	1	...	1	...	Pelvic peritonitis was present.
Hæmatosalpinx	7	...	4	3	...	...	...	...	1	4	2	6	1	See Special Table II.
Carcinoma of Fallopian tube	1	...	...	...	1	...	...	1	...	...	...	1	...	See Special Table II.
III. DISEASES OF UTERINE LIGAMENTS AND OF THE ADJACENT PERITONEUM AND CELLULAR TISSUE.														
a. <i>Hæmatocele</i> .	1	...	1	...	...	...	...	...	...	1	...	1	...	Temperature varied between 100° and 102°-6° for 10 days after admission; after this it became normal, and the swelling rapidly diminished.
a. Intra-peritoneal	1	...	1	...	...	...	...	...	...	...	...	...	...	

All these 7 cases were operated on. In 2 of the cases twisting of the pedicle was found.

1 All operated upon (see Special Table I).

All operated upon.

All operated upon.

Before operation the swelling was considered to be a dilated tube. The cyst was punctured, the fluid evacuated, and the opening in it closed.

All operated upon.

Out of 8 cases operated upon 6 were cured, 1 was relieved, and 1 died. Five cases were relieved by rest; 1 refused operation.

8 cases were cured by operation; 1 case refused operation.

Pelvic peritonitis was present.

See Special Table II.

See Special Table II.

Temperature varied between 100° and 102.6° for 10 days after admission; after this it became normal, and the swelling rapidly diminished.

[illegible]

TABLE II—continued.

DISEASE.	Number of cases.	Age.					Duration of residence.					REMARKS.			
		10-20	30-40	50-60	Above 60	Under 1 wk.	1-2 weeks	2-4 weeks	1-2 months	Above 2 mos.	Cured.				
IV. DISEASES OF UTERUS AND CERVIX—continued.															
Carcinoma of cervix .	12	1	5	4	2	...	5	3	3	1	...	1	10	1	In 10 of the cases the disease had infiltrated the parts around the cervix, and were unsuitable for operation. In 2 supra-vaginal hysterectomy was performed; 1 was relieved, the other died on the 6th day after operation. Secondary growth in omentum. Congenital.
Sarcoma of uterus .	1	...	1	...	...	...	...	1	...	...	...	...	1	...	
Anteflexion .	3	2	1	...	...	...	2	...	1	...	...	...	2	1	
Retroflexion .	2	...	2	...	...	...	...	2	...	...	...	...	2	...	
Hypertrophy of cervix .	1	...	1	...	...	...	...	...	...	1	1	...	1	...	
Protrapse .	3	1	1	...	1	1	1	1	1	...	...	2	1	...	Congenital; vaginal portion of cervix removed. 1 case treated by anterior colporrhaphy, 1 by rest, and 1 by pessary.
Uterus didelphys <sup>a</sup> .	1	...	1	...	...	...	...	...	1	...	1	...	...	...	The right half of uterus was distended with offensive pus and formed a tumour projecting into Douglas's pouch. There was atresia of the vagina on the right side and a fistulous communication between the distended right half of the uterus and the cervical canal belonging to the left half of the uterus. Septum divided and cavity washed out with perchloride of mercury solution. See also Special Table III, Case No. 11.
V. DISEASES OF VAGINA, VULVA, &c.															
Cyst of vagina .	2	1	...	1	...	...	...	2	...	...	2	...	...	...	In both cases the cyst was dissected out completely. Disease was too extensive for removal.
Epithelioma of vagina .	1	...	1	...	...	...	1	...	...	...	...	...	1	...	
Papilloma of labium .	1	...	...	...	1	...	...	1	...	...	1	...	...	...	
Ruptured perineum .	9	5	3	1	...	...	...	4	1	9	...	...	...	...	The operation for repair of perineum was performed successfully in all the cases. In 1 case convalescence was prolonged owing to patient developing pyæmia with secondary abscesses in all the joints.



Suppuration of vulvo-vaginal glands	3	3	...	...	...	...	...	1	1	...	3	...	All incised and drained.
Urethral caruncle	7	1	2	1	...	...	4	3	...	...	7	...	Caruncle removed with scissors and cautery applied to raw surface.
Urethral polyp	1	...	1	...	...	...	...	1	...	...	1	...	Patient was admitted 2 days after confinement with offensive discharge and fever.
Urogenital sinus	1	...	1	...	...	...	...	1	...	...	1	...	
Vaginitis	1	...	1	...	...	...	...	1	...	...	1	...	
Vesico-vaginal fistula	1	...	1	...	...	...	...	1	...	...	1	...	
VI. PREGNANCY AND ITS ACCIDENTS.													
Hæmorrhage during pregnancy	7	3	4	...	...	...	...	2	5	...	7	...	3 of the cases terminated in premature expulsion of ovum; in 2 cases abortion was induced, and 2 cases went on to term.
Abdominal pregnancy	1	...	1	...	...	...	1	...	...	...	...	1	See Special Report.
Hydramnios	1	...	1	...	...	...	...	1	...	...	1	...	Premature delivery at 7th month, followed by puerperal mania.
Eclampsia	1	...	1	...	...	...	...	1	...	...	1	...	
Oedema of legs with pregnancy	1	...	1	...	...	...	1	...	...	...	1	...	
Abortion	6	...	4	1	1	...	1	2	3	...	5	...	1 In the fatal case a dead fœtus, unacerated and very offensive, was expelled; the placenta was adherent and had to be removed. Septicæmia followed, and led to the fatal termination.
Hæmorrhage from retained fetal products	15	...	10	5	...	...	8	6	1	...	14	...	1 All the cases were treated by dilatation and removal of foetal products with the finger or curette. In the fatal case the retained portion of placenta was sloughing and offensive. Its removal was followed by peritonitis.
Phlegmasia alba dolens	1	...	1	...	...	...	...	...	...	1	1	...	
Puerperal fever.	5	1	3	1	...	...	...	3	...	2	3	1	
VII. VARIOUS.													
Carcinoma of peritoneum	1	...	...	1	...	...	...	1	...	...	...	...	1 An exploratory incision was made and secondary nodules were found in the liver.
Choleraic diarrhœa	1	...	1	...	...	...	...	1	...	...	...	...	1 Patient was admitted for painful œdema of legs following confinement. The diarrhœa and vomiting began after she had been in hospital a fortnight.

TABLE II—continued.

DISEASE.	Number of cases.		Age.					Duration of residence.					REMARKS.						
			10-20	30-40	40-50	50-60	Above 60	Under 1 wk.	1-2 weeks	2-4 weeks	1-2 months	Above 2 mos.				Cured.	Relieved.	Unrelieved.	Died.
VII. VARIOUS—continued.																			
Chronic constipation	2		1			1	1					2							
Dysmenorrhœa	4		2				2						4						
Dyspepsia.	1			1			1						1						
Intestinal obstruction	1			1			1							1			Transferred to Surgical ward.		
Malaria	1		1				1					1							
Menopause	1			1			1						1						
Menorrhagia	1		1				1					1							
Pelvic neuralgia	7	1	3	2	1		3	4					7				In two cases the supposed enlargement was due to fat abdominal wall. In the third it was due to distension of intestines with flatus.		
Phantom tumour	3	1	2				1	2				3					Abdominal section performed in October, 1890. Admitted on present occasion for rest.		
Tubercular peritonitis	1		1								1		1				Portion of skin and subcutaneous tissue removed by two curved incisions. Edges of rectus and of skin brought together.		
Ventral hernia	1			1								1		1					

Transferred to Surgical ward.

In two cases the supposed enlargement was due to fat abdominal wall. In the third it was due to distension of intestines with flatus.

Abdominal section performed in October, 1890. Admitted on present occasion for rest.

Portion of skin and subcutaneous tissue removed by two curved incisions. Edges of rectus and of skin brought together.

TABLE III.—*Operations performed during the Year.*

## Abdominal section :

Cystic adenoma of ovary . . . . .	7
Suppurating cyst of ovary . . . . .	8
Dermoid cyst of ovary . . . . .	4
Papillomatous cyst of ovary . . . . .	3
Cyst of ovarian ligament . . . . .	1
Parovarian cyst . . . . .	3
Salpingitis . . . . .	8
Pyosalpinx . . . . .	8
Hydrosalpinx . . . . .	1
Hæmatosalpinx . . . . .	7
Carcinoma of Fallopian tube . . . . .	1
Hysterectomy . . . . .	3
Removal of tubes and ovaries for uterine fibroids . . . . .	5
Abdominal pregnancy (full term) . . . . .	1
Exploratory incision—	
Fibroid tumour of uterus . . . . .	2
Carcinoma of peritonem . . . . .	1
Ventral hernia . . . . .	1
Uterus didelphys . . . . .	1 = 5
	—65
Vaginal hysterectomy for cancer of cervix . . . . .	2
Polypus uteri (fibroid) . . . . .	5
Enucleation of fibroid of cervix uteri . . . . .	1
Amputation of cervix uteri (infra-vaginal) for hypertrophic elongation . . . . .	1
Vesico-vaginal fistula . . . . .	1
Vaginal cyst . . . . .	2
Uterus didelphys . . . . .	1
Ruptured perinæum . . . . .	9
	—
	87

TABLE IV.—*Causes of Death in Fatal Cases.*

Shock: during abdominal section for removal of suppurating ovarian cyst	1
Exhaustion: (1) following abdominal section in a case of extra-uterine gestation at full term, child being dead and decidua sloughing; (2) after vaginal hysterectomy; (3) after exploratory incision in case of cancer of peritoneum . . . . .	3
Septicæmia: (1) after abdominal section for suppurative salpingitis; (2) after partial removal by enucleation of fibroid of cervix extending upwards into body of uterus; (3) after removal of sloughing polypus from cervix uteri; (4) after expulsion of fœtus, macerated and offensive, with adherent placenta . . . . .	4
Pyæmia: following childbirth . . . . .	1
Peritonitis: following removal of sloughing portion of placenta, the ulceration having extended through uterine wall to peritoneal coat . .	1
Choleraic diarrhœa . . . . .	1
Total . . . . .	11

*Abdominal Section, including Ovariectomy.*

The cases in which abdominal section was performed have been classified under three special tables: No. 1, Ovariectomy; No. 2, Diseases of the Fallopian Tube; and No. 3, comprising all those cases not included under Nos. 1 and 2. The ovariectomies were twenty-six in number; all the patients with the exception of one recovered. The fatal case was a patient with a large suppurating cystic adenoma, in whom cardiac failure suddenly occurred towards the end of the operation and whom the various restorative means failed to resuscitate.

Special Table II includes the records of twenty-five cases of abdominal section for disease of the Fallopian tube. Eight of these were cases of salpingitis, eight were cases of pyosalpinx, one a case of hydrosalpinx, seven cases of hæmatosalpinx, and one a case of carcinoma of the Fallopian tube. Of these twenty-five cases, in three only was it found necessary to remove the tube and ovary of both sides: in two cases both tubes were removed, the ovaries being left; and in the remaining twenty cases the so-called "incomplete" operation was performed, that is to say, the

tube and ovary of the diseased side only were removed, the appendages on the other side being healthy, or not sufficiently diseased to necessitate their removal. All the cases recovered with the exception of No. 24 in the table, a complete abstract of which is appended, from which it will be manifest that the fatal termination cannot be considered to be directly caused by the operation itself.

Under Special Table III are tabulated a varied series of cases, fourteen in all, including three cases of hysterectomy and five cases of oöphorectomy for fibro-myoma of the uterus. Of the three fatal cases in this series, two (Nos. 5 and 12) are fully reported in the abstracts following, the third (No. 2 in the table) was a case of exploratory laparotomy, in which carcinoma of the peritoneum and liver was found. This patient improved for a few days, but was then attacked with diarrhœa, followed by suppuration in the wound, pleurisy, and rigors, and died from exhaustion on the twenty-seventh day after the operation.

The methods of operating and the after treatment of the patients differ in no respect from those detailed in previous Reports.



SPECIAL TABLE I.—*Abdominal Section for Ovarian or Broad-ligament Tumours.*

Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glass drainage tube.	Peritonæum flushed.	Result.	Remarks.
1 M. A.	St. Luke's	37	M.	1891 Dec. 31	Papillomatous cyst of left ovary; cyst of right ovary	Moderate on left side; universal and very firm on right side	See "Nature of tumour"	44 hours	Yes	R.	See abstract.
2 K. E.	Peckham	30	M.	1892 Jan. 14	Dermoid cyst of left ovary	None	Normal	24 hours	Yes	R.	Patient made an uninterrupted recovery.
3 G. H.	Camberwell	43	W.	Jan. 28	Infective papilloma of right ovary	One band of adhesion to omentum	Normal, with one or two cysts on surface, which were punctured	20 hours	No	R.	Sutures removed on Feb. 5th. Highest temp. 99° on 3rd day; got up on 14th day.
4 A. M.	Boston, Lincolnshire	28	M.	Feb. 28	Suppurating cyst of right ovary; right purulent salpingitis	Universal firm adhesions in pelvis	ovary normal, but somewhat adherent	44 hours, then rubber tube	Yes	R.	Much troubled with sickness after operation. Discharge from tube purulent on 3rd day; temp. 100°. Discharge gradually diminished in amount, and tube left out on 17th Feb. Left hospital on 27th February. Dec., 1892: Quite well; menstruates regularly.
5 E. M.	Edmonton	26	M.	Feb. 25	Dermoid cyst of left ovary	Very firm adhesions posteriorly	Tube and ovary adherent; outer portion of tube removed owing to hæmorrhage from separated adhesions	48 hours	No	R.	Discharged quite well on 22nd March.

6	P. B.	West- bourne Grove	25	S.	Mar. 10	Suppurating cysts of both ovaries	of very firmly adherent to intestines; left cyst adherent by dense adhesions to rectum	See "Nature of tumour"	48 hours, then rubber tube	Yes	R.	See Abstract.
7	E. C.	Pimlico	32	M.	Mar. 14	Suppurating cysts of both ovaries	Right cyst adherent to intestines and to back of broad ligament; left cyst very adherent	Both Fallopian tubes normal	20 and 30 hours, then rubber tube	Yes	R.	Right cyst contained 16 oz. of pus, very offensive. Two glass drainage-tubes were used, one being passed into each side of the pelvis. Good recovery. Drainage- tube left out on 28th March. Temp. normal after first day.
8	M. S.	Lambeth	27	M.	Mar. 17	Suppurating cyst of right ovary	Firm vascular adhesions in pelvis	Normal	40 hours, then rubber tube	Yes	R.	India-rubber tube was kept in for 3 weeks, after which there was very little dis- charge.
9	E. S.	Bermond- sey	46	M.	Mar. 17	Suppurating cyst of left ovary	Firm ad- hesions to rectum, broad liga- ment, and intestines	Adherent, but otherwise normal	24 hours, then rubber tube	Yes	R.	All discharge from wound stopped by 5th April. Went out quite well on 15th April.
10	L. J.	Clapton	31	S.	Mar. 24	Suppurating cyst of left ovary; inflamed Fallopian tube	Adhesions to omentum and intestines	Right ovary adherent and cystic; adhesions broken down and cysts punctured	40 hours	Yes	R.	Uninterrupted recovery.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glass drainage tube.	Peritonæum flushed.	Result.	Remarks.
11	E. D.	Westminster Bridge Road	22	M.	1892 Mar. 31	Dermoid cyst of right ovary; subserous cysts of left broad ligament	Right side, adhesions to omentum and intestine None	Normal, but adherent; subserous cyst punctured and fluid let out Normal	None	No	R.	Complete and rapid recovery.
12	B. B.	Ringwood, Hants	20	S.	May 11	Right parovarian cyst, containing 8½ pints of clear fluid	None	Normal	None	No	R.	Catheter had to be used for 8 days after the operation. Stitches removed on 18th May; wound quite healed. Highest temp. 99·4°. Recovery uninterrupted.
13	M. B.	Lambeth	22	S.	May 12	Cystic adenoma of right ovary; right salpingitis, 2¾ in. × 2 in.	Adhesions to intestine	Normal, but recent adhesions	20 hours	No	R.	Three days before operation patient had sudden attack of pain in abdomen, with retching and vomiting; this subsided after few hours. Complete recovery. Uninterrupted recovery. Highest temp. 99·2°.
14	L. M.	Blackfriars Road	50	M.	May 12	Cystic adenoma of right ovary, with twisted pedicle; weight 5 lbs. 6 oz.	None	Normal	None	No	R.	Discharged quite well on 25th June. Aug., 1892.—Has slight pain at times, but general condition very good.
15	E. B.	Brixton	39	M.	May 18	Infective papilloma of both ovaries; ascites, 9 pints of fluid removed	Some adhesions on left side; none mentioned on right side	See "Nature of tumour"	40 hours	Yes	R.	Discharged quite well on 25th June. Aug., 1892.—Has slight pain at times, but general condition very good.
16	A. W.	Putney	43	M.	May 26	Suppurating cyst of left ovary; subserous cysts in left broad ligament	Firm, adhesions to pelvic floor and rectum and omentum	—	24 hours	Yes	R.	

17	J. D.	Southall	27	W.	June 9	Hæmorrhagic cyst of both ovaries	Recent adhesions of right cystin front and behind, firm adhesions to pelvic floor. Firm adhesions of left cyst to rectum and in pelvis	See "Nature of Tumour"	48 hours	Yes	R.	Both cysts ruptured during the separation of adhesions, 24 oz. of chocolate-coloured fluid escaped. Made a good recovery. Highest temp. 101·6° on the 6th day, normal again on the 7th day after operation.
18	B. W.	Putney	28	M.	June 16	Cystic adenoma of right ovary; 4½ in. × 3¾ in.	Very few adhesions	Normal	None	No	R.	Complete recovery. Highest temp. 99·6° on 3rd day. Jan., 1893.—Quite well; menstruation not quite regular.
19	E. L.	Clapham	28	M.	June 23	Cyst of ovarian ligament on left side	Moderately firm adhesions around left ovary	Normal	None	No	R.	Uninterrupted recovery. The cyst was punctured and fluid let out; nothing was removed.
20	M. A. L.	Camberwell	47	W.	June 27	Cystic adenoma of left ovary; twisted pedicle 2½ turns from left to right. 5 in. × 4½ in. × 2 in.	Firm adhesions to omentum and intestine	Normal	24 hours	Yes	R.	There was a good deal of shock after operation, and patient was slow in regaining her strength. Stitches removed on 8th day, wound healed.
21	S. T.	Ramsgate	64	S.	July 7	Dermoid cyst of left ovary; weight 12 lbs. 1 oz.	Firm adhesions over anterior surface	Normal, but atrophied	None	No	R.	Highest temp. 99·6° during first 4 days. Some distension and sickness on 5th day with temp. 100·4° relieved entirely by enema. See abstract.
22	H. B.	Peckham	45	M.	July 20	Cystic adenoma of right ovary; inflammation and rupture of cyst; ascites. Weight 3 lbs. 4½ oz.	Adherent to broad ligament	Not seen	24 hours	Yes	R.	

Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glass drainage tube.	Peritonæum flushed.	Result.	Remarks.
23 M. L.	Windsor	42	M.	1892 July 21	Subserous cysts in Douglas' pouch	None	Both ovaries normal	None	No	R.	Three or four tense cysts were punctured, and clear straw-coloured contents evacuated.
24 M. T.	Chiswick	33	S.	Aug. 5	Cystic adenoma of left ovary; inflammation and rupture of cyst; ascites; cyst measured $7\frac{1}{2}$ in. $\times$ 6 in. $\times$ $3\frac{1}{2}$ in.	None	Normal, but adherent	20 hours	Yes	R.	Temp. varied between $99^{\circ}$ and $101^{\circ}$ from the 6th to 8th Aug. Two lower stitches removed and rubber tube inserted; no accumulation of fluid had occurred. Vomiting at intervals during the 8th Aug. Enema given with good result. Much better on 10th Aug. Tube left out on 11th Aug. Discharged quite well on 9th Sept. Highest temp. $100^{\circ}$ . Perfect recovery.
25 A. L.	Brixton	28	M.	Oct. 20	Cyst of broad ligament on left side	Some adhesions around left ovary	Normal	None	No	R.	While abdominal cavity was being douched, pulse suddenly failed; transfusion of 4 pints of saline solution revived patient for a time. Afterwards respiration gradually failed; artificial respiration was tried, but failed to resuscitate her. P.M.—Chronic nephritis and fatty degeneration of heart.
26 E. G.	Ramsgate	37	M.	Dec. 1	Suppurating cyst of left ovary; weight, 4 lbs. $8\frac{1}{2}$ oz.	Recent adhesions over greater part of tumour, firmer at the upper part	Normal	—	Yes	D.	



CASE 1. *Papillomatous cyst of left ovary ; ascites ; small adherent cyst of right ovary ; ovariectomy ; recovery* (from notes by C. S. Jaffé).—M. A—, æt. 30, married, shop-keeper, residing in St. Luke's, E.C., admitted 7th December, 1891 ; discharged 27th January, 1892.

Patient was first admitted to Adelaide Ward in August, 1890 for recurrent attacks of pain in lower part of abdomen and back, and a hard mass was felt in the right iliac region. After a fortnight in hospital this mass could no longer be made out, and patient was discharged. Three weeks later enlargement of abdomen was again noticed, and legs began to swell ; she lost eight pounds in weight between August and Christmas, 1890. She was again admitted to Adelaide Ward on account of the swelling of the abdomen in May, 1891. The abdomen was then found uniformly distended, with bulging in the flanks ; there was dulness on light percussion up to the umbilicus and also in the flanks. Some resistance was felt high up in left lateral fornix. An exploratory incision was made in the middle line of the abdomen and 17 pints of fluid (ascites) removed. The whole of the left side of the pelvis was occupied by a papillomatous tumour of left ovary, adherent to surrounding parts ; two small nodules were found in the wall of the intestine, and other nodules in the subperitoneal fat. As it was not considered advisable to attempt removal of the tumour, the abdominal wound was closed and patient made a good recovery, leaving the hospital in June, 1891.

Remained fairly well after leaving hospital till a month ago, but since then has been getting weaker and abdomen has increased in size. She was again admitted on 7th December, 1891.

*On admission*, abdomen large and prominent, with marked bulging in the flanks. Median scar in situation of exploratory incision, with wide separation of recti muscles. There is dulness on percussion up to the level of the umbilicus, and also in the flanks extending forwards to the anterior axillary fold. Change of position causes alteration in the areas of dulness. Some œdema of legs and feet.

The anterior fornix is almost obliterated ; the left lateral fornix is depressed, the right to a less extent. A hard

nodulated mass is felt behind and on either side of uterus on bimanual examination. Movement of the mass causes movement of the cervix. The uterus is of normal size.

December 16th.—Edema of legs has disappeared since patient has been in bed. Some bronchitis present.

24th.—Uterus moveable. When the internal fingers are so placed as to feel the cervix and the mass in Douglas's pouch, an impulse given to the uterus by the external hand is conveyed to the cervix, but does not affect the mass.

*Abdominal section* (31st).—Incision a little to right of old scar. When the peritoneum was reached it was punctured with a trocar and cannula and the free ascitic fluid removed. The trocar was removed and the peritoneum opened in whole extent of wound. Several small sessile opaque bodies were noticed on the surface of the intestines. On introducing the hand a large fixed swelling was felt deep down in the pelvis on the left side. The adhesions round this mass were now separated, a good deal of bleeding occurring during the process. The papillomatous mass was then drawn out of the wound with the fimbriated end of the Fallopian tube, and was found to be distinctly pedunculated below. The pedicle was transfixed and ligatured in the usual way and the mass removed. On exploring the right side, a cyst of the right ovary was found, very adherent to the intestines; as it was therefore thought inadvisable to remove it, the wall of the cyst was torn through at one part and the contents allowed to escape. The abdominal cavity was douched with warm boracic lotion. A few bleeding points were now secured with artery forceps, and the edges of the wound brought together by deep and superficial sutures, five sutures being first introduced to bring together the edges of the peritoneum. A drainage-tube was inserted in the lower angle of the wound.

January 1st, 1892.—Slept well. Barely three drachms of fluid removed from drainage-tube at dressing this morning.

2nd.—Sick twice last night. Two drachms of serum removed at dressing this morning. Tube taken out. Flatus passed. Temp.  $98.6^{\circ}$  to  $100.2^{\circ}$  since operation.

4th.—Simple enema given with good result.

7th.—Stitches removed; wound quite healed. Temperature normal since 2nd.

13th.—Got up for first time.

27th.—No re-accumulation of fluid. Patient discharged perfectly well.

CASE 6. *Suppurating cyst of both ovaries; removal of both tumours; recovery* (from notes by R. K. Ellis).—P. B., æt. 26, single, milliner, admitted 2nd March, 1892; discharged 23rd April, 1892. Had rheumatic fever two years ago, and in July, 1890, was attended by a doctor for pelvic cellulitis due to gonorrhœa; she was kept in bed for a few days, but apparently recovered completely and remained well till December, 1891, when she was suddenly seized one day at her work with severe pain in the abdomen, which obliged her to give up her work and go to bed. She was seen by a medical man the next day, who noticed a swelling in her abdomen. Poultices and other remedies were used, but little relief was obtained, and patient has had to remain in bed up to time of her admission to St. Thomas's Hospital.

*On admission.*—A thin, anæmic woman, complaining of pain and swelling of the abdomen. Abdomen not obviously distended with the exception of a little more prominence on the left side. Abdominal walls are rigid; there is tenderness on pressure in the left iliac region; a swelling can be made out occupying the left side of the abdomen from Poupart's ligament up to the level of the umbilicus, and on the right side there is a swelling extending from the inner two thirds of Poupart's ligament half way up to the level of the umbilicus. Both swellings are elastic, but there is no definite fluctuation. *Per vaginam* the swelling on the right side has the shape and consistence of an enlarged pregnant uterus. There is a distinct sulcus between it and the larger swelling on the left side. The cervix is high up, and pressure on the mass on the right side causes movement of the cervix. Each lateral and also the posterior fornix is depressed.

*Abdominal section* (March 10th, 1892).—Median incision. On introducing hand tense cyst found filling up whole of

left side of pelvis, with a marked sulcus between it and the swelling on the right side. The dark and vascular appearance of this swelling on right side was suggestive of an extra-uterine gestation. During the separation of adhesions around this swelling, however, pus was seen escaping from the abdomen, and the cyst collapsed somewhat owing to a tear in its wall, showing that what had been taken for pregnant uterus or gestation sac was a suppurating ovarian cyst. The pus was thick, but non-offensive. The cyst was now carefully separated from its adhesions to the surroundings parts and to the rectum below, and during this separation the Fallopian tube was seen to be enlarged, but not distended with pus. The uterus was now found pushed forwards against the pubes, and the Fallopian tube could be traced on each side running outwards and upwards, and covering both swellings anteriorly as with a tense hood. The pedicle was now ligatured with Staffordshire knot and the mass removed in the usual way. The left side was now dealt with and the cyst was found very firmly adherent to the surrounding parts by firm vascular adhesions. As the tense nature of the cyst caused some trouble, it was punctured and some of its contents removed ( $10\frac{1}{2}$  ounces). The remaining adhesions were separated with very great difficulty, and the collapsed cyst was finally brought out of the wound, the pedicle ligatured, and the mass removed. The abdominal cavity was washed out with warm boracic lotion and then cleansed with marine sponges. A drainage-tube was introduced at the lower angle of the wound, and the latter closed by deep and superficial sutures of silk-worm gut. The operation lasted two hours and three quarters, and the patient was very collapsed at the end.

11th.—Temp.  $95.6^{\circ}$  after operation; pulse almost imperceptible. Dressings removed four hours after operation and 10 drachms of blood-stained fluid drawn off with pipette. Morphia given twice during night on account of pain and restlessness. Sick once this morning.

12th.—Still a good deal of pain and sickness. Glass drainage-tube removed, replaced by india-rubber one owing to the discharge being purulent. Rectal tube passed twice with relief.



15th.—Marked improvement in general condition ; simple emema last night acted well. Temp.  $100^{\circ}$ . No abdominal distension ; only slight tenderness. Discharge from wound is much less.

17th.—Sutures removed. Temperature normal.

22nd.—Drainage-tube removed ; discharge almost stopped.

26th.—Patient got up on couch, but had a good deal of abdominal pain afterwards.

April 2nd.—Temperature rose to  $103^{\circ}$  yesterday, remained high all day, but this morning is  $99.8^{\circ}$ . No cause could be found to account for this. A probe was passed down for 3 inches along situation of drainage-tube, no pus was found. In the evening the temperature again rose to  $103.2^{\circ}$ , and a little discharge having a fæcal odour was noticed on the dressing.

4th.—Discharge no longer offensive. Temperature now normal.

12th.—Wound quite healed. Still complains of a little pain on the left side of the abdomen.

19th.—Much better. No pain.

23rd.—Discharged well.

CASE 22. *Cystic adenoma of right ovary ; inflammation of the cyst ; ascites ; ovariectomy ; recovery* (from notes by W. J. Sutcliffe).—H. B—, æt. 45, married, residing at Peckham, admitted July 12th, 1892, discharged August 27th, 1892. Menstruation began at 11 years, ceased at the age of 34. Two children, two miscarriages. Enlargement of abdomen with hæmorrhagic discharge from uterus every fortnight for the last five months. Four days before admission suddenly seized with severe abdominal pain with retching and vomiting. No constipation.

*On admission.*—A stout, florid, healthy-looking woman. Abdomen large and prominent, especially in umbilical region. Tumour occupying hypogastric, right iliac, and umbilical regions, easily defined, hard, solid, and of irregular shape, freely moveable. Dulness over tumour, and also in both flanks. Uterus normal in position and size ; tumour cannot be reached on vaginal examination.

*Abdominal section* (July 20th, 9.30 a.m.).—Incision in median line. Large quantity (64 ounces) of blood-stained



ascitic fluid escaped. On introducing hand, tumour seemed to be hard and solid; incision enlarged to five inches, and tumour drawn out through wound. Right broad ligament stretched over it and firmly adherent to the surface of the tumour; considerable difficulty in separating its adhesions from the surface of the cyst, a tear being made in the posterior part of the broad ligament during the manipulation. The pedicle being now defined, it was transfixed and ligatured in the usual manner. Several bleeding points in the broad ligament were ligatured with fine silk, and eight silk sutures were used to bring together the edges of the tear in the broad ligament. The abdominal cavity was douched with hot boracic lotion, but as free hæmorrhage occurred at the beginning of douching it had to be stopped, the broad ligaments drawn up into the wound, and a further ligature passed round the base near the pedicle, which at once checked further bleeding. The douche was now continued, abdomen cleaved with sponges, and the wound closed with silkworm gut sutures, a drainage-tube being introduced at the lower part. Patient was considerably collapsed towards the latter part of the operation.

21st.—Wound dressed four times in the first twenty-four hours; about three drachms of fluid removed with pipette at each dressing. Had a good night, very little sickness. Tube removed this afternoon.

27th.—Stitches removed. There is a little suppuration in a few of the lower suture tracks. Highest temperature since operation  $99\cdot2^{\circ}$ .

August 2nd.—Suppuration diminishing; wound is dressed twice daily with boracic lint and wood-wool pads.

13th.—Got up to-day.

27th.—Patient discharged quite well.

*Examination of the tumour by Mr. Shattock.*—A rent was found in the tumour wall, through which some of its contents had escaped into the peritoneal cavity, causing the ascites. The rent was evidently due to ulceration, the whole of the inner surface of the tumour being intensely inflamed. In several parts the walls of the secondary cysts had ulcerated through, giving rise to communicating spaces.

SPECIAL TABLE II.—Cases of Abdominal Section for Diseases of the Fallopian Tubes.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
1	M. H.	Lower Tooting	27	M.	1891 Nov. 23	Hæmatoma of broad ligament; right hæmato-salpinx	10 fl. oz. of clotted blood removed from right broad ligament; right Fallopian tube distended with blood; intestines adherent	Hæmatoma laid open, cleansed and drained; portion of right Fallopian tube removed	R.	See Abstract.
2	L. W.	Islington	18	S.	1892 Feb. 18	Disease of both tubes (gonorrhoeal)	Double salpingitis; small hæmorrhagic cyst of left ovary; chronic pelvic peritonitis	Both tubes and ovaries removed; abdominal cavity irrigated and drained	R.	Highest temperature 99·6° on 4th day after operation. Complete convalescence.
3	A. R.	Lambeth	37	M.	Mar. 21	Ruptured tubal gestation; pelvic hæmatocle	About 10 fl. oz. of dark clot and liquid removed from pelvis with fœtus (4½ in. long). Dilated and ruptured Fallopian tube on right side adherent to surrounding parts	Sac formed of dilated Fallopian tube separated from surrounding parts, ligatured and removed. Abdomen irrigated and drained	R.	Glass tube replaced by rubber tube at end of 48 hours. Temp. varied between 99° and 101° on first two days. The discharge gradually diminished in amount, and tube was left off on 1st April.
4	A. C.	Lambeth	39	M.	April 7	Disease of right tube	Purulent inflammation of right tube; small suppurating cyst of right ovary; chronic pelvic peritonitis	Right tube and ovary removed; abdomen irrigated and drained	R.	See Abstract.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
5	S. E.	Brixton	32	M.	April 8	Tubal gestation	Right Fallopian tube enlarged, forming gestation sac ( $2\frac{1}{2} \times 3\frac{1}{2}$ in.), very adherent before and behind, and below to rectum and floor of pelvis. Length of fœtus 3 in.	Right Fallopian tube containing fœtus removed entire; abdominal cavity drained and drained	R.	Tube removed after 24 hours. Some distension of abdomen on 4th and 5th days with temp. $100\cdot2^{\circ}$ , relieved by enema. Good recovery.
6	E. J.	Lambeth	29	M.	April 21	Disease of both tubes	Double pyosalpinx, chronic pelvic peritonitis	Both tubes and ovaries removed; abdomen irrigated and drained	R.	Tube removed after 20 hours; uninterrupted recovery.
7	H. S.	Kennington	32	M.	May 5	Disease of left tube	Left pyosalpinx with small abscess in left ovary; chronic pelvic peritonitis	Left tube and ovary removed; abdomen irrigated and drained	R.	Tube removed on 7th May; wound healed on 17th May; good convalescence.
8	G. D.	Stamford Street	23	S.	May 14	Disease of both tubes (gonorrhœal)	Right hydrosalpinx; serous cyst of left broad ligament; and ovary removed; chronic pelvic peritonitis	Right tube removed; cyst on left side evacuated and portion of cyst removed. No drainage	R.	Temperature never above $99\cdot8^{\circ}$ . Got up on May 30th.
9	K. A.	Tabard Street	34	M.	May 26	Hæmato-salpinx	Hæmorrhagic cyst of right Fallopian tube; chronic pelvic peritonitis	Right tube removed; ovary left. No drainage	R.	No communication between cyst and lumen of Fallopian tube. No evidence of chorionic villi.

10	J. C.	Stamford Street	23	M.	June 23	Disease of right tube	Right pyosalpinx ; small cyst of right ovary	Right tube and ovary removed ; abdomen irrigated and drained	R.	Highest temperature 99°6' on 24th June ; after which never above 99°.
11	A. P.	New Kent Road	31	W.	June 16	Disease of right tube	Right pyosalpinx ; pelvic peritonitis	Right tube and ovary removed, abdomen irrigated and drained	R.	Uninterrupted recovery.
12	E. G.	Ewell	60	M.	July 21	Disease of appendages of uterus (malignant)	Carcinoma of right Fallopian tube with ovarian cyst containing nodules of growth in its wall	Right Fallopian tube and ovarian cyst removed. No drainage	R.	See Abstract.
13	M. A.	Golden Square	20	S.	Aug. 4	Disease of both tubes (gonorrhoeal)	Double salpingitis ; recent pelvic peritonitis	Both tubes removed ; ovaries left ; abdomen irrigated and drained	R.	Perfect convalescence. April, 1893.—Quite strong and well ; uterus freely moveable ; no swelling felt in pelvis.
14	E. P.	Belvidere Road	26	M.	Aug. 8	Right tubal gestation	16 fl. oz. of dark fluid blood in peritoneal cavity ; right Fallopian tube distended with blood ; chronic pelvic peritonitis	Right tube and ovary removed ; abdomen drenched and drained	R.	Widest diameter of tube 1½ in. No trace of embryonic structures found in the tube or in blood-clot.
15	A. R.	Camberwell	21	S.	Aug. 15	Disease of both tubes	Right pyosalpinx ; intra-peritoneal abscess containing about 20 oz. of pus ; left hydrosalpinx ; chronic pelvic peritonitis	Both tubes removed ; ovaries left ; abdomen irrigated and drained	R.	Highest temp. 100° on 18th Aug. ; good recovery. See Abstract.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
16	L. S.	Newington	21	M.	Sept. 22	Disease of left tube	Left salpingitis; right tube distended with small quantity of serous fluid; chronic pelvic peritonitis	Left tube removed; right tube punctured and contents allowed to escape; abdomen drained	R.	Normal menstrual period occurred on Oct. 16th.
17	S. S.	Kennington	28	M.	Sept. 22	Right tubal gestation	Distended Fallopian tube ( $4\frac{1}{2}$ in. $\times$ $1\frac{1}{4}$ in.) containing about 9 oz. of blood-clot; universal firm adhesions to surrounding parts	Right tube removed, ovary left; abdomen irrigated and drained	R.	See Abstract.
18	A. W.	London Road	24	W.	Sept. 29	Disease of right tube	Right salpingitis with cystic ovary; chronic pelvic peritonitis with subperitoneal cysts	Right tube and ovary removed; abdomen douched and drained	R.	Laparotomy for serous perimetritis in May, 1888. Collection of fluid evacuated and cavity drained.
19	E. M.	Victoria House	27	S.	Sept. 29	Disease of right tube	Right pyosalpinx; inflamed cyst of right ovary; chronic pelvic peritonitis	Right tube and diseased ovary removed; abdomen drained	R.	Ovarian cyst measured $4\frac{1}{2}$ in. $\times$ 4 in., and was surrounded by very firm adhesions.
20	K. M. M.	Clapham Junction	26	W.	Oct. 6	Disease of left tube	Left salpingitis; chronic pelvic peritonitis	Left Fallopian tube removed. No drainage-tube used	R.	Got up on 14th day after operation. Uninterrupted recovery.



21	C. E.	Putney	30	M.	Oct. 14	Disease of both tubes	Left pyosalpinx with small inflamed ovarian cyst ; right salpingitis ; chronic pelvic peritonitis	Both tubes removed ; abdomen cleansed and drained	R.	Normal temperature after 3rd day.
22	F. B.	St. George's Road	41	M.	Oct. 27	Disease of left tube	Left pyosalpinx with small subserous cysts ; chronic pelvic peritonitis	Left tube and ovary removed ; abdomen douched and drained	R.	Diameter of collapsed pyosalpinx $2\frac{1}{2}$ in. Good convalescence.
23	L. C.	Wands- worth Road	24	M.	Nov. 16	Disease of right tube	Right purulent salpingitis ; small blood-cyst of right ovary ; chronic pelvic peritonitis	Right tube and ovary removed ; abdomen irrigated and drained	R.	Normal convalescence.
24	S. J.	Earlsfield	29	M.	Nov. 17	Disease of right tube	Right purulent salpingitis ; chronic pelvic peritonitis	Right tube and ovary removed ; abdomen douched and drained	D. 40 hours	See Abstract.
25	R. N.	Old Kent Road	22	M.	Nov. 28	Ruptured tubal gestation ; pelvic hæmatocoele	About 5 fl. oz. of dark blood with clots escaped on separating adherent intestines ; Fallopian tube enlarged and distended with blood-clot on right side	Clot evacuated ; right Fallopian tube and ovary removed ; abdomen douched and drained	R.	No evidence of fœtal structures in blood-clot or in tube. Complete recovery.

CASE 1. *Hæmatoma of right broad ligament with right hæmatosalpinx; abdominal section; recovery* (from notes by H. G. Waters).—M. H—, æt. 27, married, residing in Lower Tooting; admitted October 13th, 1891, discharged February 13th, 1892. Menstruation began at fourteen, flow regular and normal in quantity, not painful. Married at twenty-two years. One child born four years ago, alive and healthy. Three years ago was treated for yellow vaginal discharge with pain on passing water for three months. Since then quite well up to present illness, which began four weeks ago (when patient was two weeks beyond her proper time for period) with sudden severe pain in the right iliac fossa; vomiting occurred, after which she was better and able to do her work. Two days later similar attacks of pain with vomiting, and patient took to her bed. Pain has persisted up to present time with severe attacks at intervals, accompanied by vomiting. There has been a blood-stained discharge from the beginning of the attack up to time of admission, and on the third day after the onset she says she passed "a piece of skin" with clots.

*On admission.*—Patient is a well-nourished woman with rather serious expression. Abdomen somewhat distended. There is a semi-fluctuating swelling reaching as high as the umbilicus, extending on the right side to the outer part of Poupart's ligament, and passing below into the pelvis. There is resonance over the swelling. *Per vaginam*, cervix directed forwards; uterus directed backwards and to the left; sound passed  $2\frac{3}{4}$  inches. A rounded swelling felt in posterior fornix and extending to each side, continuous with mass in the abdomen.

October 23rd.—Abdominal tumour has increased in size since admission, reaching 8 inches above the pubes; there is tenderness over it. Temperature was  $100\cdot4^{\circ}$  on admission; for the past week it has been normal.

30th.—Swelling has steadily diminished in size since last note, and feels harder. There has been no pain or vomiting since admission.

November 16th.—Swelling has varied in size, sometimes reaching to one inch above umbilicus, at other times an inch below.

*Abdominal section* (November 23rd, 1891).—Incision in middle line 3 inches long. Two fingers were introduced, and swelling was found covered by adherent intestines, which were separated. While doing this some dark clotted blood escaped from a tear in a round, firm, cystic body about 3 inches in diameter. More intestinal adhesions were separated, and this cystic swelling was found to communicate below by a narrow neck with another globular mass, which completely filled the right half of the pelvis. The abdominal incision was extended downwards for an inch, and the upper cyst was brought to the surface and an attempt made to clamp the opening. This failed as the tissues were very friable; it was therefore laid open and the clots evacuated, after which the finger was passed into the lower globular mass, and this was also filled with clots, which were evacuated. The lower part of this mass was adherent to the rectum. As it was found impossible to separate the sac from the surrounding parts, it was stitched to the abdominal wound as low down as possible by silk sutures, and the wall of the upper sac was then cut away with scissors. An india-rubber drainage-tube was passed into the bottom of the sac and a glass one into Douglas's pouch, and the rest of the abdominal wound closed with silkworm gut sutures. Ten ounces of clot were collected during the operation, which lasted two hours.

The clot was examined by Mr. Shattock, but no evidence of foetal structures was found. The upper sac appeared to be the distended Fallopian tube of the right side.

24th.—Patient was dressed last night. Had a good deal of pain during the night; vomited two or three times.

25th.—Glass (intra-peritoneal) drainage-tube removed. India-rubber tube not disturbed; very little discharge from it.

26th.—Discharge slightly offensive. Stitches holding the sac were removed; drainage-tube removed, and as it could not be replaced a smaller one was introduced. Enema given without result, except passage of large amount of flatus.

28th.—Temperature rose last night to  $101^{\circ}$ . Patient slept well, but this morning temperature is  $102^{\circ}$ . Discharge

is chocolate-coloured and rather offensive. Urine drawn off with catheter ever since operation.

30th.—Discharge more free and purulent. Temp.  $99.4^{\circ}$  to  $100^{\circ}$ . Passed urine naturally for first time. Enema acted well. Takes food well, and looks more cheerful.

December 4th.—Stitches removed. Upper part of wound healthy, lower part round the sac sloughy. Urine has been alkaline and offensive the last three days, and bladder has been washed out with boracic lotion twice a day. Severe pain in left iliac region. Tongue dry and brown. Pulse 118. Temperature rose to  $103^{\circ}$ . Pains in head and back, and lachrymation.

7th.—Temperature normal. Urine acid. Discharge from wound purulent, less offensive, contains a few sloughs.

15th.—Wound probed. Two or three drachms of thin offensive pus welled up. Tube replaced. Temperature varies between  $100^{\circ}$  and  $103^{\circ}$ .

18th.—More discharge the last three days. Patient feels better, and takes more food.

26th.—Discharge much less; drainage-tube passes down along a tract  $4\frac{1}{2}$  inches long. Tongue-shaped projection felt in Douglas's pouch running out laterally to the pelvic wall on each side.

January 5th.—Hectic temperature since last note, varying between  $99.4^{\circ}$  and  $105^{\circ}$ . Very little discharge from wound, inoffensive.

11th.—Has sat up in bed the last two days. Temperature lower ( $100.4^{\circ}$ ).

14th.—Patient got up. Temperature normal.

18th.—Pain in head and back with slight sickness. Temp.  $104.4^{\circ}$ . Probe passed five inches along sinus; no pus retained.

19th.—Feels quite well again. Discharge more abundant to-day.

30th.—Patient gaining flesh. Sinus as before.

February 11th.—Temperature normal since January 30th. Very slight discharge from sinus.

13th.—Left hospital to-day.

CASE 4. *Suppurative inflammation of right Fallopian tube and ovary; chronic pelvic peritonitis; abdominal section;*



*fæcal fistula on fourth day after operation ; gradual closure of wound ; recovery* (from notes by C. B. Pratt).—A. C—, æt. 39, married, residing at Lambeth, admitted March 29th, discharged May 26th, 1892. Menstruation began at age of eleven ; flow usually copious and regular. Married at twenty-seven years. One child ; no miscarriages. In April, 1891, patient was laid up in bed for a fortnight, owing to attack of pain in lower part of abdomen accompanied by fever. The pain left her a week later, and from that time she was quite well up to three weeks ago, when the pain in lower part of abdomen returned with considerable hæmorrhagic discharge. The pain was continuous in character. Three days after the onset of pain she had to keep her bed. Poultices and other remedies were used to relieve the pain, which, however, persisted up to the time of admission. The uterine hæmorrhage also continued ; severe and clotted during the first week, then diminishing in amount and stopping suddenly on the day of admission. During this period patient felt very ill, and was able to take only liquid food, and was frequently sick after that. She remained in bed up to day of admission to hospital.

*On admission.*—Fairly healthy-looking woman ; no swelling to be felt in the abdomen ; some tenderness in left iliac region. Temp. 98·6°. On vaginal examination uterus normal size and position. In the right posterior quarter of the pelvis a firm mass is felt, causing separation of the two hands in bimanual examination to the extent of three or four inches. There is some resistance on the left side, but no distinct tumour.

*Abdominal section* (April 7th).—Incision in the median line midway between umbilicus and pubes. On passing fingers into abdomen omentum felt firmly adherent to posterior wall of uterus, and also to anterior abdominal wall. These adhesions were separated after enlarging the wound downwards, and the uterus was then felt enlarged and retroverted, with intestines adherent to its posterior surface. These were next separated, and the dilated tube on the right side was then felt. The latter was flaccid, thinner walled than usual, and was at first with difficulty distinguishable from inflamed intestine. After, however, the



surrounding coils of intestine had been separated, and the mass brought into view, the swelling could be traced to the upper angle of the uterus, and in this way the diagnosis was confirmed. At this moment about three ounces of blood-stained pus welled up into the wound, coming either from the tube or ovary, probably the latter. The intestines were separated from the deeper portion of the mass with the greatest difficulty, during which time the finger of an assistant was kept in the rectum to give warning of dangerous proximity to the bowel. The enlarged tube and ovary were now brought out through the wound and tied with a Staffordshire knot; the tissues were so friable that the ligature cut through, and a second ligature was applied to the uterine end of the tube. The abdominal cavity was now douched with warm boracic solution, and cleansed with marine sponges; the wound closed with silkworm-gut sutures, and a drainage-tube inserted in the lower angle of the wound. The left tube was adherent, but not enlarged.

The portion of right Fallopian tube removed measured  $4\frac{1}{2}$  inches long and  $\frac{1}{2}$  inch in diameter. The fimbriated end of the tube was completely occluded by its adhesion to the diseased ovary. There were swelling and redness, and all the appearances of acute inflammation of the mucous lining of the tube. The ovary measured  $2\frac{1}{2}$  inches by 2 inches, and on section showed numerous pus-containing loculi, each lined by a distinct membrane.

During the first two days dressings changed night and morning, the quantity of fluid removed with pipette at first three dressings being 3 drachms, 1 drachm, and 1 drachm respectively. The urine was drawn off every six hours during first two days, after which it was passed naturally.

April 9th.—Patient looks very ill, has had restless night, with frequent vomiting of bile-stained fluid. Some distension of abdomen. Drainage-tube removed. Temp.  $98.6^{\circ}$  to  $99.8^{\circ}$ .

10th.—Dressing stained with fæcal matter; india-rubber drainage-tube inserted. Patient feels better, pulse 94; vomiting has stopped. Simple enema given, with good result.

12th.—Increased amount of fæcal matter in dressing to-day. General condition fair.

14th.—Simple enema given, which acted well. There was, however, a considerable escape of fluid through the wound at the time. Stitches removed.

19th.—Rapidly improving; discharge from wound very much less; drainage-tube shortened.

23rd.—Less discharge, still fæcal in odour.

30th.—Improving; discharge diminishing.

May 4th.—No fæcal matter in discharge in last two dressings; drainage-tube left out.

11th.—Dressings have been slightly stained the last few days. Has had a good deal of shooting pain in the right side of the abdomen during the night. Temperature normal since operation.

13th.—Wound healed. Got up to-day.

26th.—Discharged, feeling quite well.

CASE 12. *Primary carcinoma of right Fallopian tube; cystic adenoma of right ovary, with secondary nodules of malignant growth; secondary growths in peritoneum and glands; ascites; abdominal section; removal of right tube and ovary; recovery* (from notes by T. W. Hicks).—E. G—, æt. 60, married, admitted July 16th, 1892; discharged August 13th, 1892. Previous health good. Catamenia appeared at fifteen, menopause at fifty-one; married at age of thirty-one, no children, no miscarriage. Present illness started four months ago with sudden colicky pains in the stomach and right iliac fossa; the pain continued severe for a week, morphia being given for its relief. Bowels were confined for twenty days, at the end of which time patient passed a natural motion. Was able to get up and about a few days after this. Had a second less severe attack of colic soon after the first. Three weeks before admission noticed hard lump at lower part of abdomen; was treated for "abscess" for some time, then advised to go into hospital.

*On admission.*—A well-nourished, healthy-looking woman. Temperature normal. Abdomen somewhat distended, especially in the flanks and hypogastric regions. Hard nodulated mass in hypogastric region rising out of pelvis; edges well defined; one or two more superficial nodules felt at right margin of the growth about two inches above

Poupart's ligament. Upper limit of tumour is four and a half inches above symphysis. There is dulness on percussion over tumour and in flanks. Uterus normal length, fundus directed a little to left of middle line. Left fornix depressed by cystic swelling, apparently continuous with tumour in abdomen; right fornix not depressed, but a hard, solid, slightly moveable mass can be felt in right side of pelvis, extending for two and a half inches above Poupart's ligament; the mass also occupies Douglas's pouch, and is very closely attached to the uterus.

*Abdominal section* (July 21st).—Incision in middle line; a few nodules seen in subperitoneal fat before dividing the peritoneum. After opening the latter a considerable quantity of ascitic fluid escaped, and an irregular hard mass was then seen occupying the lower part of the abdomen; small umbilicated nodules were also seen in omentum. The main mass was closely adherent in places to the abdominal wall, and appeared to originate from the right broad ligament. During the separation of adhesions two large cysts were ruptured, containing a large quantity of brown grumous fluid. After the mass had been carefully isolated the pedicle (which was now easy to define) was transfixed close to the uterus, ligatured in two portions, and the mass removed. The abdominal cavity was douched and the wound closed.

July 22nd.—Sick off and on all through the night; otherwise feeling very comfortable.

24th.—No pain. Temperature normal. Enema given to-day, with very fair result.

28th.—Stitches removed; wound quite healed.

August 9th.—Has been getting up for about a week, and is now quite convalescent.

13th.—Discharged greatly relieved.

*Description of parts removed by Mr. Shattock* (March, 1893).—The Fallopian tube is represented by a cylindrical tube about 8 cm. long, both extremities of which are folded on themselves. On incision it presents an irregular cavity, 2 cm. in maximum diameter, with ragged, broken-down interior. There are also smaller cavities, probably originally part of the main cavity, but now disconnected. In two distinct places, outside the tube and connected with it,

there is a mass of solid new growth. The tube is firmly adherent to the tissues beneath, which are infiltrated by the growth. The ovary is the seat of a large multilocular cyst, in connection with which is a distinct daughter-cyst about 6 cm. in diameter. The interior of the main cyst presents nothing unusual, but on the peritoneal aspect there are numerous small hemispherical elevations of new growth, which in places form a coarsely granular confluent layer indicating peritoneal infection from the diseased tube, on the outer surface of which occur similar elevations. The divided uterine end of the tube is not now recognisable. The fimbriated end is closed.

Patient had recurrence of disease soon after she left the hospital, abdomen getting gradually larger, and she died from exhaustion on the 11th July, 1893.

CASE 15. *Right pyosalpinx; left hydrosalpinx; intra-peritoneal abscess; abdominal section; thirty ounces of pus evacuated from abscess cavity; removal of both diseased tubes; recovery* (from notes by W. G. Sutcliffe).—A. R—, æt. 21, single, living at Camberwell, admitted August 12th, 1892, discharged September 17th, 1892. Menstruation began at fifteen; flow always irregular and scanty, unaccompanied by pain. Present illness began three weeks before admission with pain in the lower part of abdomen. The pain only lasted a few minutes, and then she was free from pain for a week. At the end of this time it again returned, and was continuous and aching in character till the time of admission. Patient thinks she has lost a good deal of flesh lately.

*On admission.*—An anæmic-looking girl, complaining of pain on the right side in the lower part of the abdomen. On vaginal examination cervix is small and pushed forwards; uterus of normal length; the posterior fornix is depressed by a hard smooth mass, which extends upwards as high as halfway between the pubes and umbilicus. Temp. 102.2°.

*Abdominal section* (August 15th).—Incision in middle line two and a half inches long. Retro-uterine pouch was found to be occupied by a large, tense, fixed tumour, covered by adherent intestines and omentum. The right Fallopian tube, enlarged and thickened, could be traced into the



swelling ; the right ovary, also enlarged, lay in front of it. The separation of the adhesions around the swelling was now proceeded with, during which process a quantity of foul-smelling pus, mixed with blood and lymph, welled up ; about thirty ounces in all escaped. The swelling now collapsed, and the further separation from surrounding parts was carried out with difficulty, the finger of an assistant being held in the rectum to protect the bowel from injury. Ultimately the whole mass on the right side was brought to the surface, ligatured with silk, and removed ; the ovary, appearing normal, was left. Deeply down in the pelvis was found a torn thick membrane, which had formed the wall of an abscess cavity. This was densely adherent to intestines, omentum, and the left tube. The adhesions to the latter were now separated, and the tube, which was distended and occluded, was brought to the surface, ligatured, and removed, the left ovary being left. Several portions of the thickened wall of the abscess were also removed. The abdomen was douched and cleansed with sponges. A drainage-tube was inserted at the lower angle of the wound, and the latter closed with superficial and deep silkworm gut sutures.

The collapsed cystic swelling removed from the right side measured  $4\frac{1}{4}$  by  $3\frac{1}{2}$  inches. Its cavity is continuous with the lumen of the right Fallopian tube, of which it is the distended outer portion. The inner cut end of the tube is three quarters of an inch in diameter. Several small perforating ulcers were present in the cyst-wall, to which the intra-peritoneal abscess was evidently due. The left tube was bent on itself at a sharp angle, measuring  $7\frac{1}{2}$  inches in length ; its contents were blood-stained serum.

August 16th.—Patient passed a fair night. Large quantity of serum removed from tube last night and this morning. Tube removed at 4 p.m. Urine drawn off every six hours with catheter.

17th.—Some distension of abdomen. Simple enema given, which brought away a large quantity of flatus and completely removed all distension. Highest temp.  $100.2^{\circ}$ .

18th.—Abdomen is still distended. Three enemata were given, two of which were at once returned ; the third, which



contained four ounces of olive oil, was retained for two hours, and then returned without result. The question of abdominal section was considered at 6 p.m. by Dr. Cullingworth and Mr. Pitts, but they decided to give five grains of calomel. This was at once vomited, and a second five grains was administered after half an hour, and again after two hours. A little flatus passed naturally after this, and another simple enema was given at midnight, which resulted in the passage of a considerable amount of flatus.

19th.—Early this morning the abdomen was kneaded for several minutes, after which a considerable quantity of flatus passed. Vomiting at intervals continued throughout yesterday and during last night. At 9 a.m. another enema given; some flatus came away. Still marked distension of abdomen, but not much tenderness. At 10 a.m. passed a small liquid motion. Bowels moved three times after house medicine.

20th.—Distension much less; very little tenderness; still some vomiting at intervals. Temp. 98°.

22nd.—Vomiting stopped. Bowels freely open, and abdominal distension disappeared. Stitches removed; superficial suppuration in track of lower two sutures.

29th.—Much better. Suppuration in wound much less.

September 1st.—Got up to-day. Abdominal wound quite healed. Appetite good.

16th.—Uninterrupted convalescence since last note. Leaving hospital to-day.

CASE 17. *Unruptured gestation in right Fallopian tube, with apoplectic ovum; abdominal section; gestation sac removed; recovery* (from notes by T. W. Hicks).—S. S—, æt. 28, married, residing in Kennington, admitted September 8th, 1892; discharged October 19th, 1892. Married at fifteen; five children, last born two years before admission; one miscarriage in December, 1891, followed by severe pain in back and right side of abdomen, causing patient to keep in bed for a week. In February, 1892, she was seized with sudden pain in lower part of abdomen (on right side) accompanied by profuse hæmorrhagic discharge. This discharge continued up till April 23rd, and during this

time she lost a good deal of flesh. She was admitted into Adelaide Ward at this time, and was found to be suffering from inflammation of the right tube and ovary. An operation was recommended, but after ten days in hospital she improved so much that she decided to go home. The blood-stained discharge continued for a week after she left the hospital, after which she had two normal periods (in May and June). She then saw nothing till about two weeks ago, when the blood-stained discharge again began, accompanied by attacks of severe paroxysmal pains in the abdomen and thighs; occasionally shivering and sickness. Patient again admitted to Adelaide, September 3rd, 1892.

*On admission.*—A thin, haggard-looking woman, with sallow complexion. Temperature  $100^{\circ}$ . Abdomen tender and somewhat resistant; dulness on percussion for two inches above the symphysis. Uterus found displaced to left of middle line; sound passed a little beyond normal distance. The right and posterior fornices depressed by an elastic tumour, apparently about the size of a closed fist, having a distinctly cystic feeling.

*Abdominal section* (September 22nd, 1892, 2 p.m.).—Median incision; omentum somewhat firmly adherent to anterior abdominal wall, and carefully separated from latter. A globular fluid swelling now felt to right of and behind the uterus, which was pushed over to the left. This globular mass was universally adherent, especially posteriorly to a coil of intestine. In separating the firm adhesions around the mass the latter ruptured, and a quantity of dark-coloured blood and old blood-clot welled up into the wound. The adhesions to the rectum and neighbouring parts were now separated, and special care had to be taken in separating a coil of intestine from the posterior surface of the mass. It was now evident that the mass was a saciform dilatation of the right Fallopian tube. Between this sac and the uterus was a portion of Fallopian tube which was inflamed and thickened. The broad ligament was now transfixed with aneurysm needle, and the pedicle secured with a Staffordshire knot. The ovary was not removed. The left appendages were healthy. On exposing the coil of intestine

which had been adherent to the posterior surface of the sac, there were seen to be some ragged adhesions on its surface, which were carefully dissected away, and afterwards three Lembert's sutures were introduced to secure a few bleeding points. The abdominal cavity was now douched out, and the wound closed by silkworm-gut sutures, a glass drainage-tube being inserted into the lower angle of the wound.

The parts removed consisted of a portion of the inner end of the Fallopian tube, which was enlarged and œdematous. The outer end of this suddenly expanded into the large saccular swelling (now collapsed) which had previously formed the tumour felt in the abdomen. The latter measured  $4\frac{1}{2}$  inches by  $1\frac{1}{2}$  inches, and its lumen was continuous with that of the Fallopian tube, showing that the former was a saccular dilatation of the latter. The inner surface of the sac was lined by adherent blood-clot (portion collected in course of operation weighed 9 ounces). There was also a smaller cyst in the wall of the main cyst, at its upper and inner portion, which had also ruptured, and which contained some old blood-clot. It was thought probable that this second sac was an invaginated portion of the Fallopian tube; it was lined by a white glistening membrane. No evidence of foetal structures was found.

23rd.—Dressed twice during night, and once this morning; a few drachms of blood-stained serum removed at each dressing. General condition good.

24th.—Tube removed.

26th.—Has had a good deal of sickness the last two days; none since last night. A simple enema was given yesterday without a very good result. Has had two or three injections of morphia to relieve the sickness. Looks well this morning. Wound quite healthy. Temp.  $100^{\circ}$ .

27th.—Half an ounce of castor oil given, followed by a simple enema; acted well. Temperature normal.

29th.—Stitches removed; quite healed.

October 6th.—Got up for first time.

19th.—Discharged quite well.

CASE 24. *Suppurative inflammation of right Fallopian tube; chronic pelvic peritonitis; abdominal section; right*

*tube and ovary removed ; acute lymphatic septicæmia ; death forty hours after operation ; autopsy* (from notes by E. Smith).—S. J—, æt. 29, married, residing at Earlsfield, admitted November 10th, 1892; died November 19th, 1892. Catamenia began at age of fourteen, irregular for about a year, after which quite regular and painless. Married at age of twenty; five children, labours natural. Present illness began in June last, when patient suffered from severe pain in lower part of abdomen, accompanied by slight yellow discharge for three days. She was laid up for three weeks with this attack, and was treated with rest and poultices. At the end of this time she resumed her ordinary household duties, and though feeling weak had no further trouble till October 29th, when she suffered severe pain in the abdomen at the onset of her menstrual period. She lost a much larger amount than usual at this period, and the flow still continued on admission to hospital. The pain was felt on both sides in the lower part of the abdomen, and also in the right thigh; some pain also on defæcation.

*On admission.*—A healthy but somewhat anæmic woman. Temperature normal. An irregular, rather hard mass is felt in the abdomen, rising two and a half inches above pubes, extending further outwards on right side than left. There is tenderness on palpation. Resonance over whole abdomen. Bimanually a smooth hard mass, about the size of an orange, is felt situated behind the uterus and in the right posterior quarter of the pelvis, and bulging the posterior fornix. Uterus cannot be freely moved independently of the swelling.

*Abdominal section* (November 17th, 9.30 a.m.).—Median incision. A little ascitic fluid escaped on opening peritoneal cavity. Uterus was now felt somewhat enlarged, and behind and to the right of it was a smooth irregular mass, fixed by moderately firm adhesions to the uterus and by very firm adhesions to the deeper parts. Free hæmorrhage occurred on separating these adhesions. The mass, having been freed from the surrounding parts, was brought to the surface. A cyst-like swelling, apparently of the ovary, ruptured and discharged its contents (blood-clot) while this was being done. The pedicle was now transfixed, and the



silk ligature was tied with the Staffordshire knot, and the mass, which consisted of tube and ovary, cut away. The appendages of the left side were not obviously diseased, though firmly adherent low down in the pelvis. The vermiform appendix came into view during the operation, and appeared quite healthy. The abdomen was douched with warm boracic solution, and a drainage-tube inserted in the lower angle of the wound. The wound was closed by sutures of silkworm gut.

The parts removed consisted of the right Fallopian tube and ovary. The former was inflamed and oedematous, and contained pus. The broad ligament was also thickened. 2 p.m.—Wound dressed. Half an ounce of serum removed by pipette; wood-wool pads reapplied to wound.

18th.—Very little sleep during night owing to severe pain. Sick once this morning. Patient has pale ashy colour, looks very ill. Pulse 120. Wound dressed this morning; three drachms of serum removed.

19th.—The pain in the abdomen continued throughout yesterday. Patient rapidly became worse. Transfusion was tried without result, and patient died early this morning. Temperature rose to  $101^{\circ}$  twenty-four hours after operation, and continued to rise up till the end, when it was  $105.4^{\circ}$ .

With regard to the cause of the sudden fatal termination of this case forty hours after operation, it must be mentioned that a patient had died in the small ward from septicæmia caused by a large sloughing fibroid on the morning of the operation, and there can be no doubt that by some unfortunate accident the patient in the case given above was infected by this means.

*Autopsy.*—On opening abdomen, flakes of recent lymph were seen in the coils of intestine, and the visceral peritoneum looked dull and sodden. There was a little turbid fluid in the abdomen. The pedicle of the right appendages (removed) lay well secured by ligature and close to the uterus. Some recent hæmorrhages seen in the tissues between the uterus and rectum. The left ovary was a little enlarged, and contained a few small cysts; it was pretty firmly adherent to the tube and to the rectum. Left tube



was normal. Uterus enlarged, cavity four inches long. Mucous membrane at fundus covered with a little fluid blood. Liver and kidneys normal. Spleen rather soft. Heart and lungs normal, with the exception of a few old pleuritic adhesions.

SPECIAL TABLE III.—Cases of Abdominal Section for cases not included in Special Tables I and II.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
1	E. D.	South Lambeth	30	M.	1892 Jan. 8	Removal of uterus for uterine fibroid. Weight 8 lbs. $\frac{1}{2}$ oz.	Large fibroid tumour reaching up into epigastrium, free from adhesions. Uterus twisted on its axis, so that right side was directed forwards	Uterus and appendages removed; abdomen douched; stump treated extra-	R.	Stitches removed from upper half of wound on 7th day; stump nearly separated on 10th day, so removed with scissors; remaining stitches removed on 11th day; got up on 21st day; complete recovery.
2	E. B.	Devon	49	M.	Jan. 25	Exploratory; hard tumour in pelvis with ascites	Carcinoma of peritoneum with masses in the liver; recent peritonitis	peritoneally Ascitic fluid allowed to escape; abdominal cavity cleansed with sponges	D. 27th day	Improved up to 1st Feb., when diarrhoea set in, and patient passed urine and motions unconsciously. Temp. 99° to 100°. Pus in the wound noticed on 9th. Edges of wound separated on 12th with deep suppuration. Pleurisy developed on 14th Feb., followed by rigors and gradual exhaustion. Died on 21st Feb.
3	E. R.	Edmonton	40	M.	Mar. 10	Removal of tubes and ovaries for uterine fibroid, causing menorrhagia and pain	Uterus enlarged by fibroid tumour, reaching to within 1 in. of umbilicus	Tubes and ovaries removed	R.	Pain in the back and in all the joints with oedema of the ankles on 5th day after operation. Temp. 101·2° continued till 10th day, after which temperature and pains subsided. Mar., 1893. — Quite well; menstruation stopped since operation.

Name.	Residence.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation	Result.	Remarks.
4 M. B.	Pimlico	33 S.	1892 May 5	Removal of tubes and ovaries for uterine fibroid, causing pain and profuse hæmorrhage	Multiple fibroid tumours of uterus	Tubes and ovaries removed	R.	Good recovery. Menstruation continued profuse up till Nov., 1892. None from Nov., 1892, till Feb., 1893, when patient reported herself.
5 E. K.	Regent's Park	35 S.	June 15	Removal of tubes and ovaries for uterine fibroid, causing pain and menorrhagia	Fibroid tumour of uterus extending $2\frac{1}{2}$ in. above umbilicus; cyst of right ovary ( $3\frac{1}{2}$ in. $\times$ 3 in.); left ovary normal	Tubes and ovaries with cyst removed	D. 5th day	See Abstract.
6 E. G.	Kent	42 S.	June 16	Removal of enlarged uterus for fibroid tumour	Fibroid tumour of uterus extending $4\frac{1}{2}$ in. above umbilicus	Uterus removed; stump treated extra-peritoneally	R.	Stump almost separated on the 12th day after operation; removed with scissors, after which wound gradually healed.
7 M. F.	Fulham	30 M.	June 30	Removal of ovaries and tubes for uterine fibroid, causing profuse menstruation	Uterus enlarged by fibroid tumours, reaching to within 2 in. of umbilicus. Cyst removed with right ovary (2 in. $\times$ $2\frac{1}{2}$ in.); cyst of left ovary ( $3\frac{1}{2}$ in. $\times$ $2\frac{1}{2}$ in.)	Both diseased ovaries removed with outer part of tube	R.	Normal temp. after operation; uninterrupted recovery.

8	E. C.	Islington	45	S.	July 7	Removal of ovaries and tubes for uterine fibroid	Numerous fibroid tumours of uterine	Tubes and ovaries removed	R.	Stitches removed on 14th July; sat up on 18th July; complete recovery.
9	E. S.	St. Pancras	41	M.	Aug. 4	Exploratory for fibroid tumour of uterus, causing pressure symptoms on bladder	Sessile fibroid tumours of uterus filling pelvis; right ovary normal; left deeply seated and concealed by adhesions	Nothing removed	R.	Uninterrupted recovery.
10	J. H.	Little-hampton	36	M.	Aug. 11	Exploratory for fibroid tumour of uterus for pressure symptoms on bladder and rectum, and constant pain	Fibroid tumour of uterus extending to within 1½ in. of umbilicus; intestines very intimately adherent to tumour and to appendages on both sides	Nothing removed	R.	Normal convalescence; pain relieved since operation.
11	E. H.	Greenwich	28	M.	Aug. 13	Exploratory for probably suppurating cyst of right ovary, discharging by fistulous opening into uterus	Right tube and ovary adherent; right tube distended and continuous with the enlarged right side of a bicornuate uterus	Nothing further done through abdominal incision	R.	Abdominal wound closed; further operation carried out <i>per vaginam</i> . See Table II under "Diseases of Uterus," and 'American Journal of Obstetrics' (June, 1893).
12	E. W.	Westminster Bridge Road	33	M.	Oct. 3	Extra-uterine gestation at full term, child being dead	Fœtus macerated; liquor amnii purulent and offensive	Fœtus and placenta removed; cavity of sac cleansed and drained	D. 3 hours	See Abstract.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
13	A. T.	Lambeth Palace Road	30	W.	Nov. 3	Removal of fibroid tumour of uterus. Weight 6 lbs. 14½ oz.	Large fibroid tumour reaching for 5 inches above umbilicus	Uterus removed; stump treated by extra-peritoneal method	R.	Sutures removed from upper half of wound on 7th day, from lower half on 9th day; stump separated on 11th day; convalescence rather slow, but complete.
14	E. F.	Lower Tooting	38	M.	Dec. 1	Ventral hernia following abdominal section in Aug., 1891	Intestines adherent over whole inner surface of sac, and separation of adhesions impracticable	Elliptical piece of skin removed and edges of wound brought together	R.	Ordered an abdominal belt on leaving hospital.



CASE 5. *Large fibro-myoma of uterus ; oöphorectomy ; symptoms of obstruction of the bowels forty-eight hours after operation ; abdomen again opened up in situation of old wound on the fifth day ; portion of intestine found nipped between tumour and sacrum ; death from shock* (from notes by W. W. Walker).—E. K—, æt. 35, single, admitted June 2nd, 1892 ; died June 19th, 1892. Catamenia began at fourteen. Two years ago began to suffer severe pain at periods, and left leg was swelled and painful. In bed from July to November, 1890. Then kept fairly well, with the exception of pain at menstrual periods, till August, 1891, when she began to lose an excessive amount at periods, which lasted sometimes three weeks. From this time she noticed her abdomen getting larger, whilst in other parts she was thinner. Appetite also has gradually failed.

*On admission.*—An anæmic woman. Abdomen occupied by smooth, rounded swelling, firm but elastic, rising out of the pelvis as far as two inches above umbilicus. The mass is slightly moveable from side to side, and is absolutely dull on percussion. Girth at umbilicus  $32\frac{1}{2}$  inches ; distance from pubes to umbilicus  $8\frac{3}{4}$  inches ; from pubes to upper limit of tumour 11 inches ; from umbilicus to right anterior superior spine  $7\frac{3}{4}$  inches, to left anterior superior spine  $7\frac{1}{4}$  inches. Both legs are slightly œdematous. Cervix high up, pressure on tumour causes impulse to cervix. Sound passes  $7\frac{1}{2}$  inches. Two separate small lumps felt on right side of mass.

June 8th.—Hæmorrhage, which has continued since admission, stopped to day. Patient feels better for rest in bed.

*Abdominal section* (June 15th).—Incision three inches long in middle line of abdomen. After dividing peritoneum tumour presented in wound. Incision enlarged for an inch, after which right appendages were brought up into the wound, having previously explored the appendages of the left side and found that they also could be removed. There was a cyst of the right ovary about the size of an orange ; the Fallopian tube was normal. The broad ligament was now transfixed, secured with a Staffordshire knot, and the cystic ovary and tube removed. There were a few adhesions

around the appendages on the left side, which were easily broken down, and the left ovary and tube were then brought out of the wound and removed in a similar manner to those on the right side. The abdominal cavity was now cleansed with marine sponges and the wound closed entirely.

16th.—No sickness during night, but a good deal of pain. Bloody discharge from uterus since operation. Temp.  $99.6^{\circ}$  at 8 a.m., pulse 90.

17th.—Temperature about  $100^{\circ}$  all yesterday. Patient has more colour; with the exception of the pain feels very well. This evening the dressings were removed, and the abdomen was found enormously distended. Enema given, and large quantity of flatus passed. Two hours later again distended; a second simple enema given.

18th.—In a great deal of pain. One ounce of castor oil given at midday, followed by sickness; enema at 5.30 p.m. caused large amount of flatus to be passed. Abdomen again greatly distended in the evening.

19th.—Distension and pain relieved early this morning by enema, which brought away a small amount of fæces and a lot of flatus. Temp.  $100^{\circ}$  to  $101.8^{\circ}$ . Abdomen again distended in the afternoon, with vomiting of dark-coloured fluid. Great dyspnoea and rapid pulse at 7 p.m., when Dr. Cullingworth was sent for. He decided to reopen the abdomen. The old incision was therefore opened up, and a quantity of clear blood-stained fluid escaped from peritoneal cavity. A loop of small intestine was then found nipped between the uterus and the pelvic brim; the rest of the intestines was greatly distended. The incision was now prolonged upwards for another one and a half inches, and the lower part of the broad ligament secured on either side with a silk ligament. As the bladder was found to extend rather high up on the anterior surface of the tumour, the peritoneum with the bladder was reflected off the anterior surface of the enlarged uterus. An incision was now made round the tumour, which was then easily shelled out from the lower part of the uterus. The *serre-nœud* was now applied round the stump. The patient had been getting gradually worse during the operation, and at this stage the respiration was slow and gasping. Several subcutaneous

injections of brandy were given without success, and she died as the wound was being closed.

CASE 12. *Abdominal pregnancy at full term ; death of child ; suppuration in gestation sac ; abdominal section ; removal of macerated fœtus and placenta ; death from exhaustion three hours after operation* (from notes by E. Smith).—E. W—, æt. 33, admitted October 3rd, died October 4th, 1892.

Fairly good health up to birth of last child three and a half years ago. Since then has suffered from "pains in the chest" and occasional cough. Menstruation ceased in January last, when patient thinks she became pregnant. About the same time she began to have attacks of abdominal pain with vomiting. She had to take to her bed on account of the pain in April, and did not leave it for nine weeks ; during this time she lost flesh rapidly. She was then able to get about till a month ago, though still feeling ill and having attacks of pain. For the last month she has again been obliged to keep in bed on account of abdominal pain. Four days before admission she thought labour pains were coming on, and two days later she was admitted to the General Lying-in Hospital, where the condition of extra-uterine gestation was diagnosed, and the patient was transferred to St. Thomas's Hospital.

On admission, an extremely emaciated, cachectic-looking woman, with temperature  $100\cdot6^{\circ}$ . Abdomen enlarged to size of full-term pregnancy ; skin tense, veins enlarged ; great tenderness on palpation. Fluctuation and a fluid thrill can be obtained, and a limb of the fœtus can be felt on the left side. The upper border of the swelling reaches two inches above the umbilicus, and is somewhat higher on the right side than on the left. The cervix admits two fingers readily ; the uterus is pushed forwards against the anterior abdominal wall. The cavity of the uterus is easily explored with the finger, and some shreds of offensive decidua removed. Bedsore over sacrum ; two other unhealthy-looking ulcers on the legs.

Abdominal section (October 4th). Median incision  $4\frac{1}{2}$  inches downwards from umbilicus. The fœtal sac was adherent to the abdominal wall, and the incision opened

directly into it, causing the escape of a large quantity of thin, brownish, offensive pus. The fœtus presented by the shoulder, which was pushed to one side, and the head sought for. This was found on the left side of the sac, and the fœtus extracted head first. It was brownish red in colour, and in a macerated condition. The cord was tied at once. The gestation sac was now sponged out, and the separation of the placenta commenced. It was adherent to the right posterior portion of the sac. A considerable amount of bleeding occurred during the separation, which was partially controlled by compression of the aorta, and a number of bleeding points were secured by means of artery forceps and ligatured. At this stage the pulse became imperceptible, and three and a quarter pints of saline solution were transfused into the basilic vein. This caused a decided improvement in the pulse, and a further three pints were then transfused. As there were several bleeding points deep down on the right side which could not be picked up with artery forceps, a sharp needle was inserted rather deeply to transfix the tissues, and a ligature then applied embracing the whole; by this means the hæmorrhage was checked. The cavity was now thoroughly cleansed with sponges, some iodoform gauze packed into the pouch behind the uterus, and the edges of the wound brought together by sutures. Two rubber drainage-tubes were introduced into the lower angle of the wound.

The patient rallied after the operation, and was quite conscious in a short time. The pulse was irregular. Small quantities of brandy were taken by the mouth. At 6 p.m. she became rather restless, but improved after taking a teaspoonful of brandy by mouth. Twenty minutes later she suddenly became worse, and died in about five minutes.

*Autopsy* (20 hours after death).—Gestation sac separated from general peritoneum by firm dense adhesions; intestines and liver pushed upwards under diaphragm. The uterus is seen bulging the sac upwards in the lower part. The sac wall is about one sixth of an inch thick, in a sloughy condition; it covers the floor of the pelvis, extends outwards over the iliac fossæ and over the anterior abdominal wall, to which it is firmly adherent as high as three fingers'



breadth above the umbilicus. The placenta occupies the right side of the pelvis, extending over the pelvic brim into the right iliac fossa. After stripping the sac wall from the left iliac fossa downward towards the pelvis, the left ovary and Fallopian tube were brought into view, and seen to be normal. No trace of the right ovary or tube could be discovered, making it probable that the abdominal pregnancy was due to rupture of a gestation in the right Fallopian tube. The uterus after removal is enlarged, length of cavity measuring five inches. The interior is ragged and of a dirty greyish colour, due to sloughing of the decidua. The wall of the uterus is about one inch in thickness, and is soft and friable. There is no peritonitis. Liver enlarged and pale. Spleen diffuent. Kidneys very pale, otherwise normal. Heart normal size; an old pale adherent clot is present in the right ventricle, extending into the pulmonary artery. Some old pleuritic adhesions on both sides of the chest; the upper third of each lung is the seat of tubercular deposit in the form of diffuse grey granulations with a few caseating nodules.





# REPORT

## OF THE

### IN-PATIENT DEPARTMENT FOR DISEASES OF WOMEN

#### FOR THE YEAR 1893.

BY WALTER W. H. TATE, M.D., M.R.C.P.

THE report which follows has been arranged on the same lines as in previous years, and the first four tabulated statements show (1) the total number of patients admitted with the results of treatment; (2) a general classification of the diseases from which the patients suffered; (3) the number of abdominal sections and major operations *per vaginam* performed during the year; and (4) the causes of death in all the fatal cases which occurred in the ward during the year.

It has seemed most convenient to arrange the special tables of abdominal section in three groups; the first including operations for diseases of ovary, the second including all cases where laparotomy was performed for diseases of the Fallopian tube, and the third special table giving details of all abdominal sections not included in the first two tables.

TABLE I.

#### *General Statement of Patients in Adelaide Ward.*

Number of beds in ward (including small ward)	...	...	...	21
Number of patients in ward, Jan. 1st, 1893	...	...	...	12
" " " Dec. 31st, 1893...	...	...	...	16
" " discharged or who died during 1893:				
Cured	...	...	...	126
Relieved	...	...	...	61
Unrelieved or other causes	...	...	...	27
Died	...	...	...	7
				<hr/>
				221
				<hr/>
				100·00

Average number of days of each patient's stay in hospital—25·33.

TABLE II.—General Table of Diseases.

DISEASE.	Number of cases.	Age.						Duration of residence.				REMARKS.				
		10-20	-30	-40	-50	-60	Above 60	Under 1 wk.	1-2 weeks	2-4 weeks	1-2 months	Above 2 ms.	Cured.	Relieved.	Unrelieved.	Died.
<b>I. DISEASES OF OVARY.</b>																
Fibro-myoma . . .	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...
Carcinoma . . .	2	...	2	...	...	...	...	1	1	...	...	...	...	1	1	...
Sarcoma . . .	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...
<i>Cysts :</i>																
a. Simple and multiple .	14	...	5	5	2	1	1	1	2	3	6	2	10	...	3	1
b. Suppurating . . .	2	...	1	1	...	...	...	...	...	...	1	1	2	...	...	...
c. Papillomatous . . .	3	...	1	...	2	...	...	...	1	2	...	...	3	...	...	...
d. Carcinomatous . . .	1	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...
e. Dermoid . . .	2	...	2	...	...	...	...	...	...	...	2	...	2	...	...	...
<b>II. DISEASES OF FALLOPIAN TUBES.</b>																
Salpingitis, simple . . .	12	...	8	4	...	...	...	...	2	3	7	...	7	4	...	1
Purulent salpingitis . . .	3	...	3	...	...	...	...	...	...	...	3	...	3	...	...	...
Pyosalpinx . . .	1	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...
Tubercular salpingitis . .	2	...	2	...	...	...	...	...	...	...	2	...	2	...	...	...
Hæmatosalpinx . . .	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...

Removed by abdominal section.

In the case "relieved," abdominal section was performed and the ascitic fluid evacuated. In the other case the disease had infiltrated the vaginal wall, and no operation was possible.

1 An exploratory incision was made and ascitic fluid evacuated; it was found impossible to remove the tumour.

11 cases were operated on, 10 of which were cured; the fatal case was due to paralysis of intestine following operation. In the 3 cases "unrelieved" no operation was performed: in one on account of renal disease; in another the patient had to go home for family reasons; and in the third the cyst was of such small size that removal was not considered necessary.

Both removed by abdominal section.

All underwent operation.

Removed by abdominal section.

Removed by abdominal section.

Abdominal section was performed in 7 cases; of these 6 were cured and 1 died. 5 cases were treated by rest, and of these 1 was cured, and the remaining 4 were relieved.

Abdominal section performed in all 3 cases.

Abdominal section.

Abdominal section in both cases.

Abdominal section.

### III. DISEASES OF THE PELVIC PERITONEUM AND CEL- LULAR TISSUE, AND OF THE BROAD LIGAMENTS.

#### A. Hematocèle :

##### a. Intra-peritoneal .

1 ... 1 ... .. 1 1 ... ..

This case was one of extra-uterine gestation which had ruptured four weeks before admission. On admission swelling reached upwards to two fingers' breadth above umbilicus. Steady improvement, with almost complete absorption of tumour.

##### b. Extra-peritoneal .

1 ... 1 ... .. 1 ... 1 ... ..

#### B. Inflammation :

##### a. Pelvic peritonitis .

12 1 5 3 ... 1 7 3 ... 1 4 6 2 ...

Of these cases 5 followed confinement or miscarriage, 1 was due to gonorrhœa, 1 to injury, 1 to inflammation of vermiform appendix, and in 4 the cause was undetermined. One case was cured by abdominal section with separation of adhesions, salpingitis having been suspected. Both cases treated by abdominal section and drainage.

##### b. Intra-peritoneal ab- scess

2 ... 1 1 ... .. 1 1 2 ... ..

##### c. Pelvic cellulitis .

9 ... 5 4 ... .. 6 2 1 5 4 ... ..

7 of the cases followed confinement or miscarriage; in 2 of the cases the cause was not discovered.

##### d. Pelvic abscess .

7 ... 7 ... .. 2 ... 5 ... 7 ... ..

6 of the cases following confinement; in 1 the cause was unknown. In 1 case the abscess had burst above Poupart's ligament before admission, in 5 cases it was opened in this situation, and in 1 case it was opened above the crest of the ilium.

##### e. Subserous cyst of broad ligament

1 ... 1 ... .. 1 ... .. 1 ... ..

Cyst burst under examination.

### IV. DISEASES OF UTERUS AND CERVIX.

#### Endometritis .

20 ... 9 6 5 ... 3 11 6 ... 10 10 ... ..

6 cases following confinement, 5 followed abortion, 1 was due to gonorrhœa, and in 8 the immediate cause was not apparent. In all the cases dilatation followed by curetting was the treatment adopted.

#### Endocervicitis .

2 ... 2 ... .. 1 ... 1 ... 1 1 ... ..

Both cases followed confinement. The erosion of cervix was scraped with sharp spoon.

TABLE II—continued.

DISEASE.	Number of cases.	Age.					Duration of residence.					REMARKS.				
		10-20	30-40	50-60	Above 60	Under 1 wk.	1-2 weeks	2-4 weeks	1-2 months	Above 2 ms.	Cured.				Relieved.	Unrelieved.
IV. DISEASES OF UTERUS AND CERVIX—continued.																
Fibro-myoma . . .	14	1	5	5	2	1	6	3	4	1	5	8	1	8 cases were relieved by rest in bed. In 2 cases oöphorectomy was performed, and in 3 cases the tumour was removed by abdominal section, the pedicle in one case being treated by the intra-peritoneal method.		
Polypus, fibroid . . .	5	...	3	2	...	...	4	1	...	5	...	...	...	In 2 cases the polypus was sloughing. All were treated by removal with scissors.		
" mucous . . .	4	1	...	2	1	...	1	2	1	...	4	...	...	All removed by operation.		
Carcinoma of cervix . . .	9	...	4	3	2	...	1	6	1	...	...	9	...	In 1 case the disease was removed by vaginal hysterectomy, but patient was readmitted with recurrence in the pelvis two months later. In the other 8 cases the disease was too advanced for surgical interference. One case was transferred to surgical ward for colotomy owing to growth pressing on rectum and causing obstruction.		
Retroversion . . .	3	1	2	...	...	...	1	1	1	...	1	2	...	In 1 case the retroverted uterus was bound down by adhesions, which were the cause of considerable and frequent pain. Abdominal section was performed, the adhesions separated, and uterus fixed by silk ligatures to abdominal wall.		
Anteflexion . . .	3	1	2	...	...	...	2	1	...	...	...	3	...	Congenital.		
Prolapse . . .	5	2	2	1	...	...	...	5	...	...	5	...	...	In 1 case anterior and posterior colporrhaphy was performed, but in two months' time the prolapse was as bad as before, and ventro-fixation of the uterus was done. In 3 other cases ventro-fixation was the operation selected.		
V. DISEASES OF VAGINA, VULVA, &c.																
Atresia vaginæ . . .	1	1	...	...	...	...	...	1	...	1	...	...	...	Associated with hæmatocolpos and hæmatometra.		
Cystocele . . .	1	1	1	...	...	...	...	1	1	...	1	...	...	Anterior colporrhaphy was performed.		



[illegible]

TABLE II—continued.

DISEASE.	Number of cases.	Age.					Duration of residence.					REMARKS.			
		10-20	30-40	50-60	Above 60		Under 1 wk.	1-2 weeks	2-4 weeks	1-2 months	Above 2 ms.				
													Cured.	Relieved.	Unrelieved.
VII. VARIOUS.															
Dysmenorrhœa .	6	6					1	3	2				6		All treated by dilatation.
Pelvic neuralgia .	1			1			1	1	1			3	1		
Menorrhagia .	3	2	1				1	1	1						
Anæmia .	1	1					1	1	1				1		
Gastralgia .	1		1				1	1	1				1		Exploratory operation suggested, but patient unwilling to
Ascites .	1	1	1				1	1	1				1		undergo such.
Carcinoma of sigmoid flexure	1	1							1					1	Laparotomy was performed. See Special Table III.
Psoas abscess .	1			1			1	1	1					1	Transferred to surgical ward.
Tubercular peritonitis	1	1							1			1			Laparotomy performed. See Special Table III.
Ventral hernia .	2	1	1				1	1	1				2		Belt ordered.
Sinus after operation	1	1							1					1	
Nil . . . . .	5	3	1	1			3	2					5		

TABLE III.—*Operations performed during the Year.*

## Abdominal section :

Cystic adenoma of ovary . . . . .	9
Papillomatous cyst of ovary . . . . .	3
Parovarian cyst . . . . .	3
Suppurating cyst of ovary . . . . .	2
Dermoid cyst of ovary . . . . .	2
Carcinomatous cyst of ovary . . . . .	1
Fibro-myoma of ovary . . . . .	1
Salpingitis . . . . .	10
Pyosalpinx . . . . .	1
Hæmatosalpinx . . . . .	1
Tubercular salpingitis . . . . .	2
Removal of uterine appendages for uterine fibroids . . . . .	2
Hysterectomy for uterine fibroids . . . . .	3
Cæsarean section . . . . .	2
Ventro-fixation of uterus . . . . .	5
Exploratory incision :	
Tubercular peritonitis . . . . .	1
Chronic pelvic peritonitis . . . . .	1
Intra-peritoneal abscess . . . . .	2
Sarcoma of ovary . . . . .	1
Carcinoma of sigmoid flexure . . . . .	1=6
	—53
Pelvic abscess (secondary to pelvic cellulitis) . . . . .	7
Vaginal hysterectomy for cancer of cervix . . . . .	1
Polypus uteri (fibroid) . . . . .	5
„ „ (mucous) . . . . .	4
Imperforate hymen . . . . .	1
Lacerated perinæum . . . . .	16
Total . . . . .	87

TABLE IV.—*Causes of Death in Fatal Cases.*

Peritonitis, secondary to rupture of uterus in a case of hydrocephalus . . . . .	1
Puerperal eclampsia . . . . .	1
Paralysis of intestine after abdominal section (for ovarian cyst), due to extensive hæmorrhage into wall of gut in a patient with hæmorrhagic diathesis . . . . .	1
Peritonitis after abdominal section: (1) for chronic salpingitis; (2) for pyosalpinx . . . . .	2
Exhaustion after abdominal section: (1) for carcinoma of sigmoid flexure; (2) for sarcoma of ovaries (nothing removed at operation; death occurred two months after operation from extension of the disease) . . . . .	2
Total . . . . .	7

*Abdominal Section, including Ovariectomy.*

The number of ovariectomies performed during the year was twenty-one. Of these twenty recovered and one died, six days after the operation, from paralysis of the intestine. This paralysis was secondary to extensive hæmorrhage into the submucous tissue of the large and small intestine in a subject with hæmorrhagic diathesis. A detailed account is given of this case and also of Nos. 1 and 19 in the special table. The former was a case of suppurating ovarian cyst, with a fistulous communication with the bladder, which was successfully removed; the latter case is of interest chiefly on account of the large size of the tumour, and also from the fact that it had been present for eighteen years without tapping having been resorted to. It will be observed that in the first special table is included a case of sarcoma of ovaries in which an exploratory abdominal section was performed, but in which it was impossible to remove the tumour. The patient died about two months later with secondary growths in the liver, peritoneum, &c.; the progress of her disease was not in any way affected by the operation.

The second of the special tables includes fourteen abdominal sections for diseases of the Fallopian tubes. Twelve cases were cured, two being cases of tubercular salpingitis. In both these patients the disease was limited to one side; after removal of the diseased tube the patients made an excellent recovery, and increased rapidly in weight. The results of operations for tubercular salpingitis, where no evidence of disease in the lungs is present, are so far extremely encouraging. The cause of death in the two fatal cases was peritonitis; in one case a large pyosalpinx containing very offensive pus burst during the separation of adhesions, and in this way the peritoneum was infected. In the other case an old communication with the rectum was reopened during the separation of the tube in a case of chronic salpingitis, and peritonitis followed from infection from the bowel.

The third special table includes seventeen abdominal sections. Of these sixteen recovered, and one died. The

fatal case was an exploratory operation in which malignant disease of the sigmoid flexure with chronic peritonitis was discovered, and the patient died from exhaustion. Five of the cases which recovered were cases in which ventro-fixation of the uterus was performed for prolapse ; in one case for retroversion and fixation by adhesions. These cases were all relieved by the operation, but it is too early yet to say what the ultimate result of the operation may be. It is somewhat remarkable that three of the patients were young women, aged respectively seventeen, twenty, and twenty-one years, in whom there was complete procidentia, and none of whom had had any children. Under this same table is included the first case of abdominal hysterectomy in which the stump has been treated in this department of the hospital by the intra-peritoneal method. A drainage-tube was used, and the advantage of this in giving early evidence of hæmorrhage was very obvious in this case. On removing the dressings six hours after the operation, blood was seen to be welling up through the tube in such quantity as to make it evident that either there must be oozing from the stump, or the ligatures on the broad ligaments must be insecure. The abdomen was reopened, and it was then found that the ligature on one of the broad ligaments had slipped. A fresh ligature was applied, and the patient recovered without a bad symptom. The two cases in which Cæsarean section was performed were further evidence of the satisfactory results of the operation when performed at an early stage of labour. In one case the operation was in fact done before the commencement of labour ; in the other before rupture of the membranes. The mother and child were discharged from the hospital well and strong in each case.



SPECIAL TABLE I.—*Abdominal Section for Ovarian and Broad-ligament Tumours.*

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glass drainage tube.	Peritonæum flushed.	Result.	Remarks.
1	L. F.	Brixton	32	M.	1892 Dec. 8	Suppurating cyst of right ovary, secondary to salpingitis; fistulous communication with the bladder	Very firm to omentum, intestines, vermiform appendix, and bladder	Not defined	24 hours	Yes	C.	See "Abstract."
2	A. K.	Charlton, near Shepperton	39	M.	Dec. 19	Inflamed cystic adenoma of left ovary; weight 15½ lbs.	Firm adhesions to surrounding parts and in the pelvis	Normal	44 hours	Yes	C.	There was a good deal of oozing in the first 24 hours after operation; dressings changed five times; blood-stained serum varying in amount from 4 to 17 drachms removed. Highest temp. 99° 8' on 2nd day. Complete recovery. Uninterrupted recovery.
3	M. C.	New Kent Road	23	S.	1893 Jan. 20	Parovarian cyst of right side; weight 13½ lbs.	None	Right ovary removed; left ovary enlarged to size of pigeon's egg, not removed	No	No	C.	
4	K. W.	Brixton	32	S.	Feb. 2	Unilocular cyst of left ovary; weight 16 lbs. 3 oz.	None	Normal	No	No	C.	Highest temp. 99·2° on 2nd day after operation. Got up on 14th day after operation; complete recovery. Patient was 2 months pregnant at the time of the operation; uninterrupted recovery; pregnancy undisturbed by operation.
5	S. M.	Upper Edmonton	21	M.	Feb. 23	Small unilocular cyst of left ovary, measuring 1¼ by 1¼ inches	None	Normal	No	No	C.	

6	E. S.	Horley, Surrey	56	M.	March 3	Cystic adenoma of right ovary; weight 14 lbs. 6 oz.	None	Not recorded	No	No	C.	Stitches removed on 7th day, got up on 14th day after operation; good recovery. The small intestine was studded with small warty growths; the peritoneal coat was vascular, and in parts the intestines were slightly adherent by recent lymph. Patient made an excellent recovery.
7	M. V.	Winton	44	M.	March 28	Papillomatous cyst of left ovary; ascites; weight of tumour 2 lbs. 7 oz.; 4 to 5 pints of ascitic fluid	Easily separable in pelvis, none to intestines	Normal	Yes	Yes	C.	The small intestine was studded with small warty growths; the peritoneal coat was vascular, and in parts the intestines were slightly adherent by recent lymph. Patient made an excellent recovery.
8	L. J.	Chelsea	41	M.	April 20	Sarcoma of both ovaries; ascites; exploratory laparotomy	Dense adhesions in pelvis	See "Nature of tumour"	No	No	D.	The ascitic fluid was removed, but owing to the infiltrating nature of the disease in the pelvis it was impossible to remove the tumour. Somewhat relieved for a time, then gradually got weaker, and died 2 months after operation. Secondary growths were found in the liver.
9	J. B.	Loughboro' Junction	23	M.	April 24	Papillomatous cyst growing in hilum of left ovary, 3½ inches in diameter	Moderately firm adhesions	Normal	24 hours	No	C.	The ovary was found flattened out over the cyst with a corpus luteum of recent date. Two small papillary outgrowths arose from the interior of the cyst wall. Some cellu- litic exudation developed 3 weeks after the operation on left side of pelvis, which prolonged convalescence. Left hospital quite well on 9th June.
10	E. M.	Tiverton	45	M.	"	Papillomatous cyst of both ovaries; warty infection of peritoneum and omentum; ascites; weight of tumour on right side 2 lbs. 6 oz.; on left 4 lbs. 8 oz.	One firm adhesion to intestine ligatured and divided, slight adhesions in pelvis	See "Nature of tumour"	20 hours	Yes	C.	The surface of the tumour had a markedly gritty feel, owing to calcareous deposit. On section the tumour presented a coarsely cystic construction, with projecting masses of calcifying tumour. Highest temp. after operation 100°·2° on 25th, and 100° on 26th April. Good recovery. Left hospital on 22nd day after operation.

Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glaes drainage tube.	Peritonium flushed.	Result.	Remarks.
11 C. T.	Reading	34	M.	April 27	Parovarian cyst of right side; small lesion of broad ligament on same side	Slight adhesions of posterior surface to intestine	Normal	No	No	C.	Highest temp. 100° and 100.4° on 1st and 2nd days after operation; after that normal. Perfect recovery.
12 E. R.	Hyde Park	23	S.	July 4	Parovarian cyst of left side; weight 8 lbs. 24 oz.	None	Normal	No	No	C.	Perfect recovery.
13 P.	Upper Edmonton	35	S.	July 11	Cystic adenoma of right ovary; weight 16 lbs.	None	Normal	No	No	C.	Normal convalescence.
14 A. H.	Bourne-mouth	65	S.	July 13	Cystic adenoma of left ovary, with carcinomatous change; weight 6 lbs. 10 oz. Small quantity of ascitic fluid	None	Not recorded	No	No	R.	(Groups of epithelial cells were found in the solid portion of the tumour, some of considerable size, and nowhere presenting any tumen. The tumour was considered by Mr. Shattock to be of a carcinomatous nature. Patient made a good recovery.
15 A. C.	Hereford	30	M.	"	Carcinomatous tumour of both ovaries, with secondary deposit in peritoneum, liver, &c.; ascites	Universal in the pelvis	See "Nature of tumour"	No	No	R.	19 pints of ascitic fluid were removed, but as the tumour was universally adherent in the pelvis, and it was impossible to perform a radical operation, nothing further was attempted. Patient was relieved by the operation.
16 F. H.	Walworth	30	M.	July 20	Cystic adenoma of right ovary; weight 4 lbs. 7 oz.	None	Normal, but slightly adherent	No	No	C.	Uninterrupted recovery.
17 A. M.	Balham	46	M.	July 21	Fibro-myoma of left ovary, measuring 5½ x 4 inches	None	Normal	No	No	C.	The tumour was attached by a very short pedicle to the back of the left broad ligament. For 3 months before admission patient had suffered from dragging pains in the abdomen and back and loss of flesh. Highest temp. 99.2° on 2nd day after operation.

18	J. M.	Chapman	23	M.	Sept. 9	Suppurating cyst of left ovary, containing 4 oz. of inoffensive pus	Very firm universal to intestines and back of uterus	Normal	20 hours	Yes	C.	Temperature varied between 102.6° and 98.4° on the first 4 days after operation; after that it remained normal till the 18th day after operation, when it reached 102.2°. For a few days before this there was a good deal of pain and tenderness in the right iliac region, and on the 20th day there was a free discharge of pus from lower angle of wound. Free exit was made for the discharge, after which patient steadily progressed, and was discharged on the 30th October quite well. Atrophied, No otherwise normal
19	M. M.	Goswell Road	74	M.	Sept. 29	Cystic adenoma of left ovary; weight 52½ lbs.	Very firm over anterior surface to abdominal wall	Normal	No	No	C.	See "Abstract."
20	E. D.	Fullham	21	S.	Oct. 4	Dermoid cyst of right ovary, multilocular, containing hairs and sebaceous material; weight 2 lbs. 2 oz.	Few fine adhesions to back of uterus	Normal	No	No	C.	Uninterrupted recovery.
21	E. S.	Suffolk	26	M.	Oct. 5	Dermoid cyst of left ovary, multilocular, containing sebaceous material, teeth, and bone	Few recent adhesions above, firmer in the pelvis	Normal	No	No	C.	Temp. remained normal for 6 days. On 7th day temperature rose to 100.4°, and some suppuration was found on removing dressing. On examination on 12th day some cellulitic inflammation was found on left side; temp. 102°. By the 15th day temperature was normal, and swelling on left side was smaller, and from this time patient steadily improved. See "Abstract."
22	S. K.	Kennington	45	W.	Oct. 26	Unilocular cyst of left ovary	None	Normal	No	No	D.	



CASE 1. *Suppurating cyst of right ovary, secondary to purulent salpingitis; fistulous communication with bladder, with discharge of pus therefrom for four months; tube and ovary removed by abdominal section; recovery* (from notes by E. Smith and P. Northcote).—L. F—, æt. 32, married, residing at Brixton, admitted November 26th, 1892.

The catamenia began at the age of sixteen, periods lasting three or four days, and recurring every four or five weeks; discharge moderate with very little pain. Married nine years ago; no children; no miscarriage.

Three years ago is said to have had influenza, and at about the same time had an attack of "inflammation," with pain in lower part of stomach on right side; this was preceded for a few days by a slight yellow vaginal discharge. She recovered from this attack and remained quite well till June last, when she had a second attack of "influenza," which kept her in bed for a fortnight. She then went away into the country, and in the middle of July she began to notice a yellow discharge when she passed her water. She often had to pass her water very frequently, but has only noticed the discharge at the time of passing water. From this time up till admission this discharge of matter has continued, the amount (as estimated by her doctor) being about half an ounce per diem. There has been more or less pain in the right side of the abdomen during this time, occasionally sufficiently severe to keep patient awake at night. Patient has kept her bed for seven weeks before her admission.

*On admission.*—Patient is anæmic, but is in other respects well nourished. She complains of a yellow discharge with the urine of four months' duration. Urine rather pale, turbid, abundant greyish-white deposit, which becomes somewhat ropy on addition of potash. Pus cells seen under microscope. On palpation of abdomen, a hard irregular mass is felt in the hypogastric and right iliac regions rising out of the pelvis. Bimanually a large mass is felt on the right side, reaching to the level of the anterior superior iliac spine, and also extending to the left side beyond the middle line. This mass is hard, spherical in outline, and fairly moveable. The vaginal roof is depressed on the right side. On passing the bladder sound, the bladder is found to be pushed for-



wards by the tumour, and the sound is easily passed downwards and backwards to the right and left, but in the middle line the introduction of the sound is prevented by the presence of the tumour.

*Abdominal section* (December 8th, 1892, 2 p.m.).—An incision, three and a half inches long, in median line. On introducing the fingers the mass on right side was found covered by adherent omentum, which was separated without much difficulty. The mass was then seen to be about the size of an orange, surface smooth and tense, firmly adherent on all sides except at the upper and anterior aspect. During the separation of the adhesions, which were very dense, the broad ligament was seen passing from the tumour towards the uterus, and the right Fallopian tube was found stretched over the surface of the swelling at its posterior and outer part. The tumour was fixed to the posterior surface of the bladder, to the rectum and vermiform appendix by firm and very vascular adhesions, which were separated with difficulty. The mass was now brought to the surface, the pedicle transfixed, tied with a Staffordshire knot, and then cut away. A boracic douche was given, and the wound united by deep and superficial stitches of silkworm gut, a glass drainage-tube being inserted at the lower angle of the wound.

The parts removed consisted of a suppurating cyst of the right ovary about three inches in diameter, with a secondary cyst the size of a walnut, also containing pus. The portion of Fallopian tube removed was dilated, and contained pus, but its wall was not thickened. The aperture in the larger cyst which had communicated with the bladder was quite small and valvular.

December 9th.—Since the operation urine has been drawn off by catheter every two hours. The early specimens contained pus and were stained with blood. The later specimens contained no pus or blood. Patient had a fairly comfortable night, but there is some abdominal pain this morning. Highest temperature 99·8°. Tube removed at 4.30 p.m.

10th.—Dressed this morning, wound healthy. No abdominal distension or pain. Urine drawn off now every three hours; acid, contains abundant urates, and one sixth part albumen.

12th.—General condition good. Temp.  $98.8^{\circ}$ . The urine of yesterday and to-day is alkaline, strongly ammoniacal odour; contains pus and phosphates. It is now drawn off every four hours.

13th.—Urine passed naturally. Bladder washed out with boracic lotion. Urine contains less mucus and pus.

16th.—Urine acid the last two days. It contains only a trace of albumen and a cloud of mucus. There is some suppuration in the lower angle of the wound. All the sutures, with the exception of two, were removed.

19th.—Remaining two sutures removed yesterday; the suppuration at the lower angle is diminishing.

24th.—Urine healthy and free from albumen.

30th.—On bimanual examination some thickening is felt in the right lateral fornix. The abdominal wound has nearly healed.

31st.—Urine to-day is alkaline, and has an ammoniacal odour. It contains triple phosphates, and a deposit of viscid mucus, but no pus. The bladder is still washed out twice daily with boracic lotion.

January 3rd, 1893.—Yesterday and to-day urine has been acid and free from offensive odour. There is a trace of albumen. Patient has had a normal temperature for the last three weeks. Got up for first time yesterday.

5th.—Bladder now washed out once a day. General condition good.

15th.—A small collection of pus was found in the situation of the drainage-tube, which had undermined the skin. Free exit was made for the discharge, a small drainage-tube being introduced. Patient kept in bed.

24th.—The discharging sinus has gradually closed up. Patient got up again to-day.

February 3rd.—Discharge from sinus very slight.

10th.—On bimanual examination a swelling is still felt to the right of the uterus in the situation of the pedicle. There is no tenderness in the abdomen, and only a very slight discharge from the sinus.

11th.—Patient discharged to-day, feeling quite well.

April 6th, 1894.—Patient came up to the hospital to-day to report herself. She is looking very well. Feels quite

strong and perfectly free from pain. Sinus has been healed for several months.

CASE 19. *Large cystic adenoma of left ovary, of eighteen years' duration, weighing fifty-two and a half pounds; abdominal section; recovery* (from notes by C. Hodgson).—M. M—, æt. 74 years, married, admitted September 23rd, 1893; discharged November 18th, 1893.

Catamenia commenced at fourteen years of age, always regular and free from pain; married at age of twenty; has had eleven children and one miscarriage. Last confinement occurred at the age of forty-two, since which time patient has not menstruated. The present illness began eighteen years ago with pain in the left iliac region, and at the same time she noticed a small swelling in the same region. A little later, as the swelling seemed to be increasing and the pain was no better, she consulted Sir James Paget, who recommended her for admission to St. Bartholomew's Hospital. While in the hospital, however, she was advised not to have the tumour removed, as it was not very large. A few months later she attended as an out-patient at the Samaritan Hospital, but as the pains from which she suffered were relieved she ceased to attend. From this time up to five years ago patient continued in good health and free from pain, and the size of the tumour did not cause her any serious inconvenience. During the last five years, however, patient has noticed marked increase in size of her abdomen, which has caused considerable inconvenience, and about three or four years ago she began to be troubled with shortness of breath. She has also had two or three attacks of severe abdominal pain, which has necessitated rest in bed and hot fomentations for relief of pain. During the last twelvemonth there has been a further very rapid increase in size of the abdomen, and after getting about she has noticed swelling of the feet and ankles. There has never been any trouble with the bladder or rectum.

*On admission.*—Patient is an intelligent, very healthy-looking old woman, with well-marked "arcus senilis." She complains of considerable pain over the costal margin, and right across the stomach. Heart and lungs normal, but the area of resonance of lungs posteriorly is diminished owing

to upward pressure of tumour. The abdomen presents an enormous and fairly uniform enlargement, very prominent anteriorly, and bulging both flanks. The costal margins are very markedly everted, owing to large size of tumour. The superficial veins on abdomen are dilated. The umbilicus is everted, and is situated at a level of only four inches above the symphysis. The tumour is distinctly cystic, with a well-marked fluid thrill in every direction. There is dulness over the tumour, with resonance in the flanks. On the left side, just above Poupart's ligament, there is an area of resonance; on the right side, however, there is dulness in the same situation, with a distinct thickening just beneath the abdominal wall.

*Measurements of abdomen :*

Circumference over most prominent part	48½ inches.
„ at level of umbilicus	43½ „
Umbilicus to pubes	4 „
„ to right iliac spine	12½ „
„ to left „	12 „

*Urine.*—Acid, sp. gr. 1015, with a trace of albumen; no sugar.

*Abdominal section* (September 29th, 1893, 2 p.m.).—Patient being anæsthetised with ether, an incision 2½ inches in length was made in the middle line above the umbilicus. The parietal peritoneum was found adherent to the cyst wall. While separating the adhesions to the latter the cyst wall was punctured, and the contents, consisting of a greyish-coloured fluid, escaped. About four or five pints were removed to relieve tension, and the opening was then clamped. The peritoneum was now further separated from the cyst wall, and the wound was then enlarged upwards and downwards for half an inch in both directions. After separating some further adhesions the hand was introduced into the abdomen at the upper part of the wound, and it was then found that the cyst wall was very extensively adherent to anterior abdominal wall over a large area, but the superior and posterior portions of the cyst were quite free from adhesions. These adhesions were now carefully separated with the finger, the abdominal wall being everted, so that the parts were easily brought into view. The remainder of the



fluid was now removed by means of a trocar, and the flaccid cyst with a smaller one was brought out through the abdominal wound. The cyst was attached by a pedicle to the left broad ligament, and also by a firm band of adhesion, which was ligatured and divided. The pedicle was trans-fixed and ligatured in two parts, and the tumour was removed. The ovary of the right side was atrophied, but otherwise normal. A small piece of congested omentum was ligatured and removed. The abdominal cavity was now cleansed with hot marine sponges, and the wound closed with silkworm-gut sutures. Patient's condition at end of operation was quite satisfactory.

September 30th.—Patient has suffered very little shock since the operation. She is rather troubled with cough, possibly due to the ether. Pulse 88; temp. 99° F.

October 1st.—Temperature at 4 p.m. 101.4°. Patient felt rather depressed. The cough is still very troublesome. Simple enema administered to-day with good result.

5th.—Patient's condition good with the exception of a little bronchitis. Temperature normal since last note.

6th.—Stitches removed to-day; wound quite healed. The abdominal wall is very flaccid, and the uterus is very distinctly felt, together with a band of adhesion passing from it to the left of the umbilicus. There are a few rhonchi over the front and back of the chest.

7th.—Feels much better; cough less troublesome. Patient is propped up in bed now.

12th.—Got up to-day for first time. Wound healed.

23rd.—Patient is going on well. A small superficial abscess has formed at the upper angle of the wound; this was laid open.

31st.—Much stronger. Sinus gradually getting smaller; exuberant granulations touched with nitrate of silver stick and dressed with lead lotion.

November 17th.—Sinus always entirely closed. Patient is feeling quite well and strong, and has no pain. On examination the abdomen is very flaccid, and presents marked furrows; several bands of adhesions can be felt on deep palpation. The eversion of the ribs is much less than it was immediately after the operation. Patient has been



fitted with an abdominal belt, and is going out to-morrow.

CASE 22. *Unilocular cyst of left ovary ; abdominal section ; paralysis of intestine with extensive hæmorrhagic condition of submucous layer ; death ; autopsy* (from notes by A. S. Grünbaum).—S. K—, æt. 45, widow, residing at Kennington, admitted October 23rd, 1893 ; died November 1st, 1893.

Catamenia commenced at thirteen, always regular, duration seven days. Married sixteen years ago ; has had five children, no miscarriage. Patient's husband died four years ago. Patient thinks her abdomen has been getting larger for the last eighteen months, and during this time she has had occasional pains in the left side of the abdomen ; these pains have not been paroxysmal and never very severe. The chief reason for patient seeking advice at the present time is the increasing difficulty in getting about. There has been occasionally a desire for frequent micturition.

*On admission.*—Patient is an anæmic woman, complaining of abdominal enlargement. There is a large amount of fat on the abdominal walls, and the latter are flaccid. There is some distension of the abdomen, partly due to the adipose tissue, and partly to gas in the intestines. No tumour can be felt on abdominal examination, the apparent tumour of the abdomen being due to the conditions mentioned above. *Per vaginam* a cyst can be felt in the left side of the pelvis, in the situation of the broad ligament. It is entirely situated in the pelvis, and a deep sulcus is felt between it and the uterus. The cyst and uterus are moveable independently. Some bruising of the abdomen was seen after examination. This fact, though not thought much of at the time, was important when taken in conjunction with the events which followed the operation. Urine acid, sp. gr. 1009 ; no albumen.

*Abdominal section* (October 26th, 1893, 2 p.m.).—An incision was made three inches long in the middle line. On inserting the hand into the abdomen, the cyst was readily felt filling up the left posterior quarter of the pelvis, and lying behind the broad ligament. There were no adhesions to surrounding parts, but the cyst was somewhat fixed in

the pelvis on account of its size. The cyst was brought out through the wound unruptured, the length of the incision being increased by half an inch to allow of this. The broad ligament was tranfixed and ligatured in the usual way, and the cyst removed. The right ovary was healthy. The abdominal cavity was now made clean and dry with hot marine sponges, and the wound closed. The rectal fasciæ were united separately by chromicised catgut sutures. No drainage used. The parts removed consisted of a unilocular cyst of the left ovary, containing highly albuminous straw-coloured fluid, sp. gr. 1008. The cyst measured  $4 \times 3 \times 2\frac{3}{4}$  inches.

October 27th.—Patient looks very well this morning; has had a fair night, though a little sick. Temp.  $98\cdot2^{\circ}$ , pulse 82.

28th.—There is still some sickness after taking fluids. The tongue is rather dry. Otherwise the condition of patient is good.

29th.—Simple enema was given last night; some flatus was passed, but no fæces. The sickness has stopped. There is a small area of redness over left buttock.

30th.—One ounce of castor oil given without result. Patient has passed a fair quantity of urine up till now; this morning five ounces were passed naturally. Temperature normal since operation.

31st.—House medicine and two drachms of sulphate of magnesia given without result. Later in the day calomel followed by a simple enema was given. The enema only resulted in the passage of a little flatus. The abdomen is much distended, and the pulse is feeble and rather rapid, 100 to 112. There has been no more vomiting. The long rectal tube was passed, after which a little liquid fæcal matter came away. Tongue is covered with a thick brown fur. The area surrounding the wound is greatly bruised and discoloured, and patient evidently is extremely liable to bruising from slight amount of pressure over the soft parts, the marks of the bandage over the thighs and the pressure of the examining finger over the vulva being evidenced by extensive bruising. A mixture of Tinct. Nucis Vom.,  $\mathfrak{m}\nu$ , and Tinct. Bellad.,  $\mathfrak{mij}$ , was ordered every hour, as the

difficulty in the bowels appeared to be due to paralysis of intestine, and not to any mechanical obstruction.

November 1st.—Patient's condition no better. No action of the bowels has occurred; nux vomica and belladonna medicine stopped after twelve hours' trial. Has only passed  $3\frac{1}{2}$  ounces of urine in last twenty-four hours. The urine drawn off by catheter this morning smells of belladonna, and contains blood and albumen. Patient takes her food well, and is not sick. Pulse is feeble and rapid, 126. Hands are cold, and face is pinched and blue. At 11 a.m. to-day a simple enema was given, which resulted in the passage of a small amount of flatus and liquid fæces. Later on five drops of turpentine on sugar were administered. During the afternoon patient has a good deal of pain. Only one ounce of urine passed since 2 a.m. this morning. Loins dry-cupped without any good result. She gradually became more feeble and drowsy, and died at 7.30 p.m. Temperature subnormal for last twenty-four hours.

*Autopsy* (eighteen hours after death).—Body extremely fat. Abdomen much distended. On opening abdominal cavity, the intestines, especially the large, appeared much distended. There was a small amount of flaky lymph present on the surface of the intestines, but in no part were any "suction lines" to be seen. There was also a small quantity of turbid serum in the deeper parts. A very considerable portion of the gut was darkly mottled. The pedicle of the tumour was in a quite healthy condition. On removal of the intestines and examination of their interior they were found greatly injected, and the mottled condition which was observed externally was seen to be due to extensive extravasations of blood in the submucous and subserous layer of the intestine. The small amount of peritonitis present was probably secondary to this hæmorrhagic condition of the bowels. Some obsolete tubercle was found in the lungs. The uterus was a little enlarged, and its cavity contained some blood-stained mucus. The other organs were healthy.

SPECIAL TABLE II.—Abdominal Section for Disease of Fallopian Tubes.

No.	Name.	Residence.	Age and condition.	Date of operation.	Nature of disease.	Nature of operation.	Glass drainage-tube.	Periton. flushed.	Result.	Remarks.
1	S. N.	Edmonton	28 M.	1893 Jan. 19	Double salpingitis; pelvic peritonitis (gonorrhoeal or septic in origin)	Right tube and ovary removed; left tube also removed, but ovary left	20 hours	Yes	C.	Patient went on well till the 11th day after operation, when she complained of pain in lower part of abdomen. Temp., which had been normal since operation, rose to 101·6°. On examination on Feb. 3rd some cellulitis was found on right side of pelvis. Temp. varied between 99° and 101° for a fortnight, after which it subsided, and patient made a good recovery. Left hospital 8th March. See "Abstract."
2	B. W.	Brighton	31 M.	Jan. 23	Left salpingitis; chronic peritonitis	Left ovary and tube removed	40 hours, then rubber tube	Yes	D.	
3	S. B.	Bury St. Edmunds	27 M.	Feb. 2	Double purulent salpingitis; pelvic peritonitis	Both tubes and ovaries removed	20 hours	Yes	C.	Vomiting was a troublesome symptom during the first three days after operation. Temp. varied between 99° and 100·2°. After this patient did well till the 13th day, when she had pain and tenderness in the right iliac region, and some cellutic inflammation was found. This somewhat delayed convalescence, but she was able to get up on 23rd Feb., and left hospital on 25th March.



No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature of disease.	Nature of operation.	Glass drainage-tube.	Pertoneum flushed.	Result.	Remarks.
4	K. C.	Kennington	30	M.	Feb. 16	Right salpingitis, pelvic peritonitis and cellulitis	Right tube and ovary removed	20 hours	Yes	C.	Good recovery. Temp. never higher than 99.2°. From examination of the parts removed it appeared that the salpingitis was probably secondary to the pelvic inflammation around.
5	A. T.	Edmonton	23	M.	Feb. 17	Double purulent salpingitis, intra-peritoneal abscess around the fimbriated end of both tubes	Both tubes and ovaries removed	20 hours	Yes	C.	Uninterrupted recovery.
6	S. C.	Blackheath	27	S.	Feb. 24	Right salpingitis with small collection of clear fluid in outer part of tube; pelvic peritonitis	Right tube removed; ovary left	4 hours	No	C.	Got up on 16th day after operation. Perfectly normal convalescence.
7	A. G.	St. Albans	28	M.	April 6	Tubercular salpingitis of left side; pelvic peritonitis	Left tube and ovary removed	18 hours	Yes	C.	See "Abstract."
8	E. P.	Kilburn	27	M.	July 21	Left hematosalpinx, with rupture of the tube and hemorrhagic cyst of left ovary; pelvic peritonitis	Left tube and cystic ovary removed	30 hours	Yes	C.	No evidence of focal structures was found in the blood-clot. The right tube was removed for a similar condition in August, 1892. Patient made a good recovery after the present operation. Left hospital on 25th day after operation.
9	C. T.	Lambeth	26	M.	July 20	Right hydrosalpinx; 3 inches in diameter, containing fetid pus; pelvic peritonitis	Both tubes and ovaries removed	48 hours, then rubber tube	Yes	D.	See "Abstract."



10	S. S.	Old Kent Road	24 M.	Sept. 21	Double salpingitis ; pelvic peritonitis	Both tubes and ovaries removed	20 hours	Yes	C. Patient was troubled with retching during the first two days, but after administration of soap-and-water enema this stopped. After this she made a most satisfactory convalescence. Highest temp. after operation 99° 8' on 6th and 7th days. Patient reported herself in March, 1894. She was quite well and much stouter.
11	A. R.	Eton	23 M.	Sept. 28	Tubercular salpingitis on left side ; suppurating cyst of left ovary with fistulous communication with rectum	Left tube and ovarian cyst removed ; communication with rectum not discovered	40 hours	Yes	C. The ovarian cyst was about the size of a fatal head ; no evidence of tubercle was found in the wall of the cyst. Patient made a good recovery after the operation, but recovery was delayed owing to infection of the wound with tubercular disease, which had to be removed with sharp spoon four weeks after operation. After this the wound slowly healed by granulation, and patient steadily improved. Temperature varied between 98° 2' and 101° 6' from the 5th to the 10th day after operation. There was no local condition to account for this. Afterwards patient made an excellent recovery. Uninterrupted recovery.
12	B. A.	Putney	21 S.	Oct. 12	Left salpingitis ; pelvic peritonitis	Left tube and ovary removed	24 hours	No	C. The tube in this case showed very acute inflammation, and was so friable that the ligature cut through. A long strip of iodoform gauze was packed into the pelvis to check the oozing. This was removed on morning following operation. Patient made an excellent recovery.
13	B. S.	Waterloo Road	30 M.	Oct. 19	Double salpingitis ; pelvic peritonitis	Both tubes and ovaries removed	No	Yes	C. The tube in this case showed very acute inflammation, and was so friable that the ligature cut through. A long strip of iodoform gauze was packed into the pelvis to check the oozing. This was removed on morning following operation. Patient made an excellent recovery.
14	J. S.	Barnet	34 M.	Oct. 30	Acute salpingitis of left side	Left tube and ovary removed	No	No	C. The tube in this case showed very acute inflammation, and was so friable that the ligature cut through. A long strip of iodoform gauze was packed into the pelvis to check the oozing. This was removed on morning following operation. Patient made an excellent recovery.

CASE 2. *Chronic salpingitis of left side ; pelvic peritonitis of eight years' duration ; abdominal section ; very dense adhesions to rectum and surrounding parts ; injury to rectum ; peritonitis ; death ; autopsy* (from notes by H. Stallard).—B. W—, æt. 31, married, residing at Brighton, admitted January 18th, 1893 ; died January 30th, 1893. Menstruation commenced at fifteen, never regular, periods frequently from two to six months apart, and then lasting for a fortnight, profuse, and accompanied by severe pain. Married eleven years ago, no children. Present illness began eight years ago with severe attacks of pain in the abdomen, worse on exertion. The pains were accompanied by swelling of the abdomen in the left iliac region. A purulent vaginal discharge, with discharge from rectum (?), first appeared at this time, but there was no difficulty with micturition. Five months later she was admitted to the Sussex County Hospital, where she was told she was suffering from pelvic abscess and underwent some operation. She remained there for one month, at the end of which time the pain was better and the vaginal discharge had ceased. The pain and discharge soon reappeared, and she was again admitted to the same hospital, and a second operation was performed. She improved for a time and then relapsed again. She re-returned to the hospital, where she was kept for five months in bed, after which she rested at home for seven months, when all the old symptoms disappeared. She then kept fairly well till eight months ago, when she is said to have had "inflammation of the bowels," which was followed by a return of the old pain in the left side. The pain is of a throbbing character, but varies in intensity. For the last two years patient has had amenorrhœa. She was admitted to Adelaide Ward first on September 23rd, 1892, when she was found to be suffering from disease of the uterine appendages on the left side. As the disease seemed in a quiescent state operative treatment was not advised, and she left the hospital on October 14th, 1892. After this the pain again became very severe, and she was unable to do any work ; she frequently had fainting fits. She had to take to her bed, and remained there till her readmission to the hospital on 18th January, 1893.

*On admission.*—Patient is a fairly healthy-looking woman, complaining of dull persistent pain on left side, worse after sitting up or walking. Some resistance felt on left side of abdomen. On bimanual examination a mass was felt on left side of pelvis, consisting of the left appendages surrounded by adherent intestines; on the right side the appendages are not enlarged. As the patient was very anxious to have something done it was decided to perform an exploratory operation.

*Abdominal section* (January 23rd, 1892, 2 p.m.).—Median incision,  $2\frac{1}{2}$  inches long. On introducing fingers into abdominal cavity the right appendages were found somewhat adherent, but otherwise normal. A portion of omentum was found adherent and was separated, and, after enlarging the incision so as to allow the whole hand to be admitted, the left Fallopian tube and ovary were found very firmly adherent to the rectum and surrounding parts. Great difficulty was experienced in finding the plane of cleavage, but after carefully separating the adhesions the tube and ovary were brought to the surface, the pedicle transfixed and tied, and the parts removed. As there was a good deal of oozing from the pedicle, a second ligature of silk was passed round, which checked further hæmorrhage. The peritoneal cavity was now douched, and at the end of this process a small lump of fæces was noticed in the washings, and on making a careful examination a rent in the rectum was discovered, large enough to admit the tip of the finger. As the tear was situated very deeply in the rectum it was found impossible to bring the edges together by suture, and after douching the peritoneum again and making the peritoneal cavity dry with marine sponges, it was decided to close the wound, passing a glass drainage-tube to the bottom of Douglas's pouch from the lower angle of the wound. During these manipulations several grape pips and other small fæcal pellets came away on the sponges. The usual dressings of wood-wool pad were then applied to the wound.

The portion of tube removed measured  $2\frac{1}{2}$  inches in length; it was thickened—half an inch in diameter—and showed evidence of chronic inflammation of the mucous

membrane and muscular coat. The fimbriated end was adherent to the ovary. There was no pus in the tube.

Patient was dressed at 5 p.m. and 9.30 p.m. on the day of the operation; a few drachms of fluid were removed. She suffered a good deal from shock, and as she was very restless gr.  $\frac{1}{4}$  of morphia was given hypodermically.

January 24th.—Soon after midnight patient was dressed. Four ounces of fluid were removed with a pipette, consisting almost entirely of liquid fæces. Patient became very collapsed after this, pulse 140; later on, however, she improved. At 10 a.m. dressed again; liquid fæces still present in the fluid drawn from drainage-tube. Patient was very sick all day.

25th.—As sickness still persisted and nothing seemed to check it, inhalation of chloroform was tried, but was only of temporary benefit. In the afternoon, as the sickness still went on, patient was allowed nothing by mouth except small lumps of ice, and then the sickness gradually stopped. At 10 p.m. pulse very rapid and weak. Temp.  $100^{\circ}$ .

26th.—Dressed at 10 a.m. Three drachms of fluid withdrawn from drainage-tube, no feculent smell at all. Glass drainage-tube replaced by rubber tube. Dressings changed every twenty-four hours.

27th.—There is a slight feculent stain in the dressings to-day. Patient's general condition is much more favorable. Temperature is normal, and the pulse, though still small, is stronger. Twenty-eight ounces of urine withdrawn by catheter during the last twenty-four hours.

28th.—Bowels opened naturally at 6 a.m., then again at 10.30 and 11 a.m., motions all formed. Some fæcal matter noticed on dressings. Bowels opened again at 9 p.m., motions very little formed. From this time diarrrhœa persisted through the night. Temperature at 4 p.m.  $101.4^{\circ}$ .

29th.—Diarrrhœa persisted up till 4 a.m., very severe; frequent changes of dressings necessary, as fæces came through the wound with each action of bowel. One sixth of a grain morphia given at 4 a.m., which checked diarrrhœa for a time. It recurred later in the day, and continued till 4 p.m. Patient taking a fair amount of nourishment, brandy, arrowroot, &c. At 9 p.m. patient's extremities were noticed



to be cold. Two hours later the pulse at the wrist was imperceptible, a cold clammy sweat pervaded the body, the face was pinched, and the eyes sunken. Ten ounces of saline solution were infused, when the pulse again could be felt; the injection was continued till seventy ounces in all had been infused. By this time the pulse was full and of fair strength, rate 135.

30th.—Less pinched about the face this morning. Pulse 120. Diarrhœa stopped. Has vomited once or twice. During the day patient's condition became worse, the pulse feebler, and she died in the afternoon.

*Autopsy.*—On laying open the wound the omentum was found spread out over the abdominal contents, and was swollen and congested. On turning up the omentum general purulent peritonitis was found, soft adhesions gluing together the coils of small intestine. In the flanks were larger collections of yellowish-green non-offensive pus. The inflammation in the pelvis was very intense, the uterus and rectum being embedded in thick yellow lymph and pus, and the peritoneal lining of the pelvis being blackened and softened. The opening in the rectum proved to be due to complete loss of a part of its anterior wall, amounting to half a square inch in area. The lower edge of the opening was  $3\frac{1}{2}$  inches from the anus; it was obviously due to ulceration at some date anterior to the time of operation; its edges were smooth and bevelled at the expense of the outer coat. Around it the rough surface could be seen, where some adjacent organ had been adherent, and so closed the aperture. The ligatured pedicle on the left side was quite secure. The right tube was of a dark colour, soft, and somewhat thickened. There were also signs of old peritonitis, the liver being adherent over its whole surface, and the surrounding peritoneum much thickened. The right pleura was firmly adherent, the left was normal. Heart and pericardium normal. Liver, kidneys, spleen, and bladder healthy.

CASE 7. *Tubercular disease of left Fallopian tube; chronic pelvic peritonitis; abdominal section; left tube and ovary removed; complete recovery* (from notes by E. Miskin and R. F. Chance).—A. G—, æt. 28, married, residing at St. Albans, admitted March 24th, 1893; discharged July 1st, 1893.



Catamenia began at thirteen, always scanty, lasting three or four days, accompanied by pain, usually two or three months being the periods. Married in 1890; no children, no miscarriages. Present illness began about the beginning of January of this year with sudden pain in the left iliac region. It started in the middle of the night, waking patient out of her sleep. At the same time there was scalding pain on micturition and a dirty white vaginal discharge. Two days later patient was seized with shivering alternating with sweating, and the pain became throbbing in character, shooting down to the vulva. Patient felt very weak, and took to her bed six days after the commencement of her illness. She felt pains all over her body and in her joints, and remained in bed for a fortnight. Profuse perspirations occurred every night. Patient tried to get up for a short time every day at end of a fortnight, but could not manage it on account of great weakness. She again took to her bed, where she remained till admission to St. Thomas's Hospital. Pain has been present all this time, and occasionally a little matter is said to have passed by the bowel. Since the beginning of her illness she has noticed a lump on the left side, tender to the touch. She has also lost flesh very rapidly during this time.

*On admission.*—Patient is a very emaciated woman, complaining of pain in the lower part of the abdomen on the left side of eleven weeks' duration, with rapid loss of flesh. Heart and lungs normal. On palpation of the abdomen a swelling is felt in the middle line, rising up one and a quarter inches above the pubes, slightly tender on pressure, and with an uneven surface. On vaginal examination the cervical canal is patulous, the edges are thin, and sound passes two inches. The appendages on the right side are apparently normal; on the left side they form a firm irregular mass lying in the posterior quarter of the pelvis, about the size of a hen's egg.

April 1st.—Patient has had a variable amount of pain since admission. The temperature has varied between  $98.4^{\circ}$  and  $100.6^{\circ}$  during the last three days. Weight 6 st. 1 lb.

6th.—Pain has recurred at intervals every day since last note, and the temperature has on two occasions reached

100° at night. This morning the pain has been as bad as she has ever had it. From the physical examination of the pelvis, accompanied by the evidence of rapid emaciation, Dr. Cullingworth considered the case to be one of tubercular salpingitis, and in the absence of any signs of disease in the lungs he decided to open the abdomen and remove the diseased appendages.

*Abdominal section* (April 6th, 2 p.m.).—Median incision  $2\frac{3}{4}$  inches long. On introducing two fingers the fundus uteri was felt smooth and moveable, but pushed slightly over to the right, on which side the appendages were quite normal. The left Fallopian tube could be traced outwards for a short distance, and was then lost in an adherent mass, including ovary, tube, and omentum. The mass was fixed to the abdominal wall in front, the pelvic wall laterally, and the rectum behind. The outer end of the tube was first separated from the rectum, a finger of an assistant being kept in the latter to prevent injury to the bowel. The ovary was next separated from its connections with the surrounding parts. The adhesions were firm and very vascular, but the hæmorrhage was at no time serious. A large mass of matted inflamed omentum was now detached from the ovary and tube, and after being ligatured in sections was cut away. After this it was possible to raise the diseased tube and ovary to the surface of the wound. The broad ligament was transfixed by a needle with double silk ligature; it was then tied in two portions, and the diseased mass cut away with scissors. A peritoneal douche of boracic lotion was given, the abdominal cavity was sponged out with marine sponges, and a glass drainage-tube placed in the lower angle of the wound. The wound was brought together with deep and superficial sutures of silk-worm gut, and dressed in the usual way. The operation lasted one hour and a half.

The parts removed consisted of the left tube and ovary and a mass of inflamed omentum. The portion of tube removed was  $4\frac{1}{2}$  inches long. The uterine cut end was thickened, measuring nearly  $\frac{1}{2}$  inch in diameter. The fimbriated extremity was greatly inflamed and thickened, and patulous. The lumen of the tube was dilated, and

contained some cheesy material, and the mucous membrane was thrown into folds and tougher than normal; it presents a yellowish appearance on the surface. Some fluid pus exuded from the outer end of the tube on pressure. The ovary, which measured  $2\frac{1}{2} \times 1\frac{1}{2} \times 1$  inch, was rough and ulcerated on the surface, where it lay in proximity to the tube. On section it presents two small abscess cavities, which were probably tubercular. Microscopic section of the Fallopian tube showed numerous giant-cell groups in the mucous membrane typical of tubercle.

7th.—Patient suffered very little shock after the operation, and is fairly well this morning. Temperature has not been above  $98^{\circ}$ . Pulse 108. Drainage-tube removed after being in eighteen hours.

12th.—Has progressed satisfactorily since last note with the exception of a little sickness on the 8th inst. Temp.  $100.2^{\circ}$  yesterday.

13th.—Wound looks a good deal inflamed about the middle stitches. These were removed, and a considerable quantity of thick offensive pus escaped. The remaining stitches were then removed. There had been no pain in the wound, and the suppuration seemed to be quite superficial.

15th.—Discharge from wound much less. Temp.  $100^{\circ}$ .

21st.—Wound is gradually closing. General condition much improved.

May 1st.—Patient has been getting up every night since the 26th April. Weight 6 st.  $2\frac{1}{2}$  lbs.

15th.—Wound not yet healed, but looking healthy.

June 8th.—As the wound was still slow in healing, some weak unhealthy granulations were scraped away with a sharp spoon, a sinus being found extending up under the skin; this sinus was plugged with iodoform gauze.

13th.—Sinus slit up with bistoury, and plugged with iodoform gauze. Patient has gained two and a half pounds in the last fortnight, or twelve pounds since a week before admission. She looks fat and well.

19th.—Wound contracting up now.

July 1st.—Wound is now quite superficial, and is nearly covered by epithelium over its whole surface. Weight

7 st. 2 lbs., or a gain of fifteen pounds on her weight before operation. Discharged to-day.

April 21st, 1894.—Seen to-day, looking quite well and strong. Weight 8 st. 9 lbs.

CASE 9. *Right hydrosalpinx, with cyst of right ovary; left pyosalpinx, measuring three inches in diameter; pelvic peritonitis; abdominal section; removal of appendages on both sides; death on the eleventh day from peritonitis* (from notes by A. W. Cuff).—C. T—, æt. 26, married, residing at Lambeth, admitted July 4th, died July 31st, 1893. Catamenia appeared at age of thirteen, always rather profuse, lasting seven days, and accompanied by pain. Married in December, 1890; no children, no miscarriages. Suffered from vaginal discharge for some time before marriage, and ever since. A little more than a year after marriage she had a sudden attack of pain in the abdomen, most marked in the left iliac region; the whole abdomen was much swelled. The pain was accompanied by vomiting and shivering fits. She was told she had inflammation of the bladder. The urine was high-coloured but not thick, and the discharge from the vagina was most copious. Patient was in bed for a week, at the end of which she got up, but still had pain in the lower part of the abdomen, worse at times. She was, however, able to do her ordinary home work. Twelve months ago she consulted a doctor for the pain at her periods, and the dull aching pain which she suffered in the intervals. She was then told she had a tumour in her abdomen, and was under treatment for three months without any improvement. In February of this year, as she was no better, she went into Soho Hospital, where she remained for a fortnight without improvement. She was told to return in a fortnight, but in the beginning of March she was again seized with intense pain in the abdomen with shivering and sickness. She was in bed at home for a week, and was then admitted to Soho Hospital, and remained there for six weeks. She then returned home, still suffering from slight pain. Catamenia did not appear in March, April, or May. In June they reappeared. She gradually improved, though still very weak. She had, however, to keep in bed all the time, as the pain got worse



again if she got up. As she did not get rid of the pain, and was not getting on satisfactorily at home, she was advised to come into St. Thomas's Hospital.

*On admission.*—A very pale and somewhat emaciated woman, who has been getting weaker for the last five months, during which time she has been almost continually in bed. Heart and lungs normal. Urine 1020 ; no albumen, no sugar.

July 8th.—Examination under ether. A large tense mass is felt occupying the right lumbar and iliac regions, extending upwards to the level of two and a quarter inches above the umbilicus on the right side. The swelling is dull on percussion, and evidently contains fluid. *Per vaginam* the uterus is of normal size, and the body is pushed backwards and retroflexed. The mass felt on the right side of the abdomen seems to have no connection with the uterus, and movement of it transmits no movement to the cervix. Through the fornix on the left side of the uterus a small, tense, well-defined tumour can be felt, and movement of this tumour causes corresponding movements to the cervix.

July 14th.—On examination of abdomen to-day, the tumour, which had previously occupied the right iliac and lumbar regions, is now found occupying the opposite side of the abdomen, and is evidently freely moveable. The smaller tumour on the left side of the uterus, felt bimanually, remains as on the previous examination.

*Abdominal section* (July 20th, 1893, 2 p.m.).—Median incision four inches long. On opening peritoneum a thin-walled cyst of a bluish colour presented at the wound. As it had not the outward appearance of an ovarian cyst, the wound was enlarged, and the hand introduced into the abdomen. By carefully exploring the connections of the cyst it was proved to have no connection with the kidney on either side, and it was then tapped, and 25 ounces of clear straw-coloured fluid removed. The collapsed cyst was then drawn out through the wound, and the pedicle, which was formed by the right broad ligament, was transfixed and ligatured. The cyst was then removed, and the pedicle allowed to fall back into the abdominal cavity. The swelling on the left side of the uterus was now examined, and was



found firmly adherent to the surrounding parts. During the manipulations necessary to separate it from the surrounding paths the cyst burst, and a quantity of foul-smelling pus escaped into the abdominal cavity. The patient's condition here became rather rapidly serious, and some brandy was injected into the arm. The adhesions of the cyst to the rectum and surrounding parts were then separated with very great difficulty, and finally the mass was brought up into the wound. The broad ligament on the left side was then transfixed and secured by a double silk ligature. The mass was then cut away. The abdominal cavity was then flushed out with warm boracic solution, and afterwards cleansed with marine sponges. A glass drainage-tube was inserted into the lower angle of the wound, and the wound was then closed with deep and superficial stitches of silk-worm gut.

*Parts removed.*—In the mass removed from the right side was seen the Fallopian tube cut through and much thickened. The Fallopian tube can be traced for a distance of one and a half inches on the outer wall of the cyst, but is then lost in the cyst wall. The cyst itself, from which 25 ounces of fluid had been removed, presents a smooth surface both externally and internally, and from one part of it a funnel-shaped prolongation is seen, which is continuous with the lumen of the Fallopian tube, proving that it is really a large hydrosalpinx. Near the Fallopian tube was another cyst, about two inches in diameter, with thick wall, and filled with fairly recent blood-clot. The wall of this cyst consists of compressed ovarian tissue. The mass removed from the left side is three inches in diameter; outer and inner surfaces are roughened, the former from adhesions, the latter from inflammation. It contained offensive pus, and the interior of this cyst is continuous with the lumen of the Fallopian tube, which latter is greatly thickened and inflamed.

21st.—Patient very much collapsed after the operation. Pulse at wrist hardly perceptible. Has vomited several times since yesterday. Temperature normal.

22nd.—Pulse still very feeble, but general condition has improved. Still vomits occasionally. Morphia injected twice yesterday, and on each occasion the sickness was

stopped for a time. Temp.  $99^{\circ}$  last night. No sleep. Patient ordered nutrient enemata and suppositories alternately every six hours. Glass drainage-tube taken out and replaced by rubber tube.

23rd.—Vomiting still continues. Various remedies tried without success. Did not sleep at all last night. There is no distension of the abdomen. Temperature normal. Simple enema given at noon resulted in the passage of some flatus. After this eight ounces of saline solution with chloral hydrate gr. xxx were injected *per rectum*. This relieved the vomiting and improved quality of pulse.

24th.—Patient had about one and a half hours' sleep during night. There is still some retching, but patient does not look nearly so blanched this morning. Pulse 128 at the wrist. Barley water taken freely by the mouth. Dressings changed, and rubber tube left out entirely.

25th.—Pulse still feeble and irregular. Given milk and soda-water with brandy by the mouth. Simple enema given, and a quantity of flatus was passed. Sickness continues, and the abdomen is somewhat distended. Temp.  $100.4^{\circ}$  at midnight.

27th.—During the last two days patient has improved. Pulse is better and the colour is distinctly better. The distension of the abdomen is less. The bowels acted slightly after eight grains of calomel given by mouth. Patient has twice passed flatus without a rectal tube. Taking a fair amount of liquid nourishment. Temp.  $101.6^{\circ}$  at midnight.

28th.—Passed a better night. Sutures removed. Temperature to-day varied between  $99.4^{\circ}$  and  $101.6^{\circ}$ . Pulse 100.

29th.—Early this morning patient's dressings were found soaked with a clear serous fluid to the extent of nearly half a pint. The fluid had escaped along the track of the drainage-tube presumably from the peritoneal cavity. The wound was gaping. Bowels have been well opened by means of simple enema. There is now no abdominal distension, but patient is much troubled with eructations.

30th.—Had a moderate amount of sleep after injection of morphia,  $\frac{1}{4}$  gr. Temp.  $101.8^{\circ}$  at 4 a.m.,  $104^{\circ}$  at 8 a.m. Abdominal distension is very great. Serous discharge present in dressings. On probing the wound a quantity of

foul-smelling gas escaped from the peritoneal cavity. The lower part of the wound was opened up, and a drainage-tube passed into the abdomen. About half a pint of thin foul-smelling pus escaped. After the escape of the gas the abdominal distension disappeared. In the afternoon patient was weaker. Digitalis and ether were injected hypodermically with transitory improvement.

31st.—Patient got gradually weaker during the night, and in spite of numerous restoratives sank, and died at 7.30 this morning.

An autopsy was not obtained.

SPECIAL TABLE III.—*Abdominal Section for Conditions other than Diseases of Ovary and Fallopian Tube.*

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature of disease.	Nature of operation.	Glass drainage-tube.	Periton. flushed.	Result.	Remarks.
1	M. C.	Lynnington	30	M.	1892 Dec. 29	Tubercular peritonitis; ascites	15 pints of ascitic fluid removed; right ovary was cystic, and removed with tube on same side	No	Yes	C.	Patient made an uninterrupted recovery. There was no reaccumulation of fluid when she left the hospital, and no abdominal pain.
2	A. Q.	Bournemouth	45	S.	1893 Jan. 5	Large fibroid tumour of uterus, causing menorrhagia, frequency of micturition, pain, and dyspnoea	Fibroid tumour and ovaries removed	No	No	C.	Stump treated by extra-peritoneal method; it was removed with scissors on the 9th day, having nearly separated by that time. Patient went on well after the operation till the 13th day, when the temp. rose to 101·6°, and she was troubled with cough and expectoration. The temp. varied between 98·4° and 102·4° for 10 days, with signs of consolidation at the base of right lung. All the signs cleared up, and patient was discharged quite well on Feb. 13th.
3	E. B.	Walworth	49	M.	Jan. 20	Procidencia uteri	Ventro-fixation of the uterus by means of three silk sutures	No	No	R.	Highest temp. after operation 100·2° on 5th day. Uninterrupted recovery, with the exception of some superficial suppuration in the wound. Vagina was kept plugged during the 4 weeks patient remained in hospital after operation.
4	L. T.	Upper Tooting	31	M.	Feb. 9	Pregnancy in a case of generally contracted and flattened	Cæsarean section with removal of outer half of Fal-	No	No	C.	Operation was performed before the onset of labour. There was a good deal of hæmorrhage after removal

tened pelvis; conj. vera measured 2½ in.				loplan tubes		of placenta, but this was checked by injection of ergotine, and also the introduction of the sutures into the uterine wall appeared to stimu- late the uterus to contract. Mother made an excellent convalescence; child strong and vigorous.			
5 R. F.	Brixton	17 S.	Mar. 3	Procidentia uteri	Ventro-fixation of the uterus	No	No	R.	Anterior and posterior colporrhaphy had been performed 2 months pre- viously without any benefit. The immediate result of the operation was quite satisfactory.
6 M. B.	Woolwich	40 M.	Mar. 16	Retroversion of ute- rus, with adhesions due to chronic peri- tonitis fixing the uterus posteriorly	Adhesions of uterus separated, followed by ventro-fixation of uterus	No	No	R.	Patient made a perfect recovery. The uterus was firmly attached to anterior abdominal arch at time of discharge from hospital.
7 E. H.	Battersea	21 S.	Mar. 24	Prolapsus uteri	Ventro-fixation of uterus	No	No	R.	Anterior colporrhaphy was performed in Dec., 1891, without relief.
8 A. C.	Lee	32 S.	Mar. 27	Fibroid tumour of uterus, with menor- rhagia and pain	Hysterectomy, with removal of append- ages on both sides	No	No	C.	Patient made an uninterrupted re- covery, and was discharged relieved. In Feb., 1894, however, she came back to the hospital with the pro- lapse as bad as before the operation.
9 A. C.	Wimbledon	25 S.	April 13	Pelvic peritonitis; intra-peritoneal ab- scess containing 4 oz. of pus (possibly secondary to salpin- gitis)	Laparotomy; wall of abscess formed by tube used adherent intestines; 10 days abscess opened and drained	Yes	Yes	C.	Stump, treated by extra-peritoneal method, was almost separated by the 10th day, and was removed with scissors. Temp. varied between 98° and 100° 8' during the first 10 days after operation; on the 5th day it reached 102·2°. After sepa- ration of stump, temp. became normal and remained so. See "Abstract."



No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature of disease.	Nature of operation.	Glass drainage-tube.	Periton. flushed.	Result.	Remarks.
10	E. B.	Nunhead	27	S.	1893 April 20	Carcinoma of sigmoid flexure, with chronic pelvic peritonitis	Exploratory laparotomy	Rubber tube	Yes	D.	Patient had been ill for 4 months with pain in the right iliac region and loss of flesh. The physical examination, with the history of the case, suggested tubercular disease of the appendages, and for that reason an exploratory laparotomy was advised. Patient suffered greatly with bronchitis after the ether, and gradually sank from exhaustion 7 days after operation.
11	C. G.	Westbourne Park	39	S.	April 27	Fibroid tumour of uterus with papillomatous cyst of right ovary and small amount of ascitic fluid	Removal of diseased and normal ovaries and tubes	No	No	R.	The operation was performed on account of menorrhagia of 10 years' standing, causing extreme weakness and inability to work. Patient had a good deal of vomiting and retching on the first 2 days after the operation. With the exception of some superficial suppuration in the wound the convalescence was quite satisfactory.
12	M. P.	Borough	21	M.	July 7	Chronic pelvic peritonitis	Adhesions around the Fallopian tubes separated. Tubes found to be healthy	No	No	C.	Highest temperature after operation 99° 2". Discharged on the 5th August quite free from all abdominal pain.
13	E. T.	Effingham	45	M.	Sept. 11	Fibroid tumour of uterus	Hysterectomy, with removal of appendages on both sides	18 hours	No	C.	Intra-peritoneal treatment of stump. See "Abstract."
14	A. R.	Wandsworth	22	S.	Sept. 21	Prolapsus uteri	Ventro-fixation of uterus	No	No	R.	Patient made a good recovery, and left the hospital much relieved. She came up on February 20th, 1894, and the fundus uteri was

S. R.	Penge	40 M.	Sept. 28	Fibroid tumour of uterus, causing menorrhagia, and pressure symptoms on bladder and nerves	Removal of uterine appendages	No	No	R.	Patient had a blood-stained discharge from the uterus for first 5 days after operation; 3 weeks after the operation the tumour was found to be distinctly reduced in size.
16 M. P.	Walworth Road	27 M.	Oct. 26	Pregnancy at term in a generally contracted pelvis. Diagonal conjugate 4 inches	Cæsarean section	No	No	C.	Mother made a complete recovery; child alive and healthy. The temperature varied between 99° and 104·2° during the first 18 days after the operation, the highest being 104°, 104·2°, and 104°, on the 3rd, 4th, and 5th days respectively. There was no local condition to account for this, and patient's general condition was quite satisfactory. She got up on the 23rd day, and was discharged quite well on the 31st day.
17 R. F.	Harrow Road	32 W.	Nov. 9	Pelvic peritonitis; intra-peritoneal abscess (secondary to salpingitis)	Abscess opened by median incision and drained	by 44 hours, then rubber tube	Yes	C.	The abscess cavity was very irregular and loculated, and was separated from the general cavity of the peritoneum by matted intestine. The right Fallopian tube was healthy, the left was embedded in the wall of the abscess cavity. Patient made an excellent recovery. The abscess cavity gradually closed up, the rubber tube being left out on the 14th day, and patient was discharged quite well on the 31st day.

CASE 9. *Pelvic peritonitis ; intra-peritoneal abscess ; abdominal section ; abscess opened and drained ; recovery* (from notes by R. F. Chance).—A. C—, æt. 25, single, residing at Wimbledon, admitted April 9th, 1893 ; discharged July 8th, 1893. The catamenia began at thirteen, always regular, lasting four days. For the last ten months has had a pale pinkish discharge for ten days following the period. The present illness dates from the 19th December, 1892, when she felt sick and was attacked with severe pain in the lower part of the abdomen. The pain was relieved by medicine, and was not sufficiently severe to keep her in bed, although she felt weak and languid. On the 27th December she had a recurrence of the pain, which was much worse on the following day. She went to see a doctor, and on her way home was seized with agonising pain in the abdomen. As soon as she reached home she went to bed. She was treated with medicine and poultices, and had to remain in bed for three weeks, the pain during this time varying in intensity, but seldom leaving her entirely. She stayed at home another five or six weeks, and felt better for the rest. She returned to her work (milliner) in the first week of March, 1893, but after a week she felt sick, and lost her appetite. Soon after she felt pains in all her limbs, stiffness in her neck, with profuse sweating at night. On the 19th March she again had to go to bed, and three days later developed a rash like measles. In a few days she was able to get up a little, but felt very weak. On the 27th March, after breakfast, she was seized with sudden pain in the abdomen, with shivering and sweating. She had to go to bed, and the pain continued, being paroxysmal in character. About this time she first noticed a swelling in her stomach. The pain continued, though somewhat relieved by poultices and morphia up to the time of her admission.

*On admission.*—A fairly well-nourished, though delicate-looking woman, complaining of abdominal pain. Temp.  $101\cdot4^{\circ}$ . There is a very distinct prominence in the lower part of the abdomen, rather more extensive on the right side than on the left. On palpation the tumour is found to rise out the pelvis up to umbilicus ; it is of unequal consist-

ence, but on the whole smooth, elastic, and fluctuating. The lower part of the swelling above the left Poupart's ligament feels brawny. The whole mass is fixed and tender, and is dull on percussion. *Per vaginam* the hymen was found unruptured; the vaginal fornices were not depressed. The uterus was of normal length, and fundus was directed towards the right. Urine acid, sp. gr. 1020, no albumen, urates.

April 13th.—Has had pain in the abdomen in varying amount since admission. Temperature has fluctuated between 98·4° and 102°.

*Abdominal section* (2 p.m.).—Median incision dividing skin and recti muscles. The fascia behind the rectus was then divided, and after a little further dissection with the scalpel thick pus to the extent of four ounces escaped freely. The finger was introduced into the opening, and was found to enter a cavity with smooth walls, and at the upper part on either side two small diverticula were felt. The general peritoneal cavity was not opened. A large diverticulum was now found extending from the upper end of the cavity as high as the umbilicus. The wound was now enlarged downwards, and a bladder sound passed, which was found to come into close proximity with the finger in the wound. A boracic douche was now given, and then a few portions of inflammatory tissue were picked off the wall of the cavity with forceps, and a median-sized rubber drainage-tube was inserted. This was almost immediately followed by a discharge of fæcal matter from the wound. The abscess cavity was again sponged out, and the tube re-inserted. The edges of the wound were brought together by deep and superficial sutures, and the wound dressed with iodoform and wood-wool pads. Patient bore the operation well.

The dressings were changed at 7 p.m. and 9 p.m., when the pads were soaked with serous material. She was sick twice after the operation.

14th.—The discharge from the wound this morning is chiefly mucoid and fæcal in character. Patient has been free from pain, but there is some tenderness on the right side. Temp. 99·8° last night, 98·2° this morning; it rose to 101° at 8 p.m.



17th.—There was some redness of the wound two days ago, so the lowest superficial stitch was taken out. The discharge has been purulent, but is less in amount. Bowels were opened well yesterday after enema. The cavity of the abscess was washed out with boracic lotion to-day, when a little faecal matter escaped.

21st.—Patient is going on well, and is free from pain. The wound is much less tender, and the inflammation around it is subsiding. The discharge remains about the same in amount. The rest of the superficial and all the deep stitches were removed to-day. Temperature usually rises in the evening or afternoon to 100° or 101° F.

23rd.—The discharge is much less, though still faecal. The rubber tube, which had been gradually shortened, was removed to-night.

25th.—The temperature, which had been 102° and 101·6° on the two preceding nights, reached 103·8° at 4 p.m. to-day. A slight shivering fit accompanied this rise of temperature. There is some pain over the lower part of the abdomen on the left side. The wound was dressed, and was found to be going on satisfactorily.

28th.—There is much less discharge of faecal matter, amounting to little more than a staining of the dressings. Patient feels well, and is comfortable. Temp. 102·6° last night, normal this morning.

May 1st.—Discharge has practically ceased; only a very slight soiling of dressings after twenty-four hours without change. Bowels opened naturally this morning for first time. On examination *per vaginam* the uterus is found pushed over to the right and somewhat fixed. Behind and to the right of the uterus is a hard irregular swelling extending into Douglas's pouch, and filling up the right posterior quarter of the pelvis. This mass could be felt on abdominal palpation. The uterine appendages on the left side were distinct and normal, on the right side they could not be differentiated apart from the swelling felt.

6th.—Bowels opened twice this morning, after which patient has felt sick. This has been the case on the last two or three occasions on which the bowels have acted. The swelling on the right side of the abdomen is distinctly



larger this morning, but no fluctuation is detected. Temperature was  $102.6^{\circ}$  last night.

12th.—There has been a good deal of abdominal pain during the last few days. The temperature has fluctuated between normal and  $101.4^{\circ}$ , on one occasion reaching  $102.4^{\circ}$ .

23rd.—Has had no abdominal pain for the last ten days, and the swelling on the right side of the abdomen has almost entirely disappeared. The temperature, however, still, as a rule, reached  $100^{\circ}$  during the day, and at 4 p.m. to-day was  $101.4^{\circ}$ .

25th.—This morning patient had rather severe pain in the abdomen, and was sick twice. Temp.  $102.6^{\circ}$ . Nothing could be discovered to account for this.

29th.—Has not been so well since last note. Has had a good deal of abdominal pain on and off, with irregular temperature. An enema was given with good result, but patient is much troubled with constipation. Catamenia has been absent for eight weeks. Patient has a good deal of tenderness now on the left side of the abdomen, and there is some fulness on that side on palpation.

June 1st.—Very sick yesterday, with temp.  $103.6^{\circ}$ . The sickness continued during the night, with great pain in the left side of abdomen low down.

8th.—During the last week patient has been better on the whole, but she still has irregular rises of temperature with occasional pain and sickness. The bowels are still constipated.

13th.—During the last two days patient has been better; pain and sickness have stopped, and the abdomen is flaccid. Was ordered Ext. Casc. Sagr. Liq.,  $\mathfrak{mxx}$ , three times a day.

20th.—Temperature has kept nearly normal since last note. Appetite is better, and she sleeps well. The bowels have acted daily since patient has been taking cascara. There is no swelling now to be felt in the abdomen.

July 5th.—Improvement has continued. The uterus is found fixed and anteflexed, and there is some thickening in the situation of the appendages on both sides. There is no depression of the fornices.

February 20th, 1894.—Patient reported herself. She

was quite well, and the pelvic organs were found perfectly healthy.

CASE 13. *Large fibroid tumour of uterus; abdominal hysterectomy; intra-peritoneal treatment of stump; hæmorrhage from slipping of ligature on left broad ligament; abdomen reopened; recovery* (from notes by C. E. Fish).—E. T—, æt. 45, married, residing at Effingham, admitted September 8th, 1893; discharged October 18th, 1893. Catamenia began at thirteen, always regular, flow lasting four days. Has had three children, the last born ten years ago.

Present illness began eight years ago with pain in the abdomen and some difficulty in bending forwards. The catamenia also began to be more profuse and of longer duration. For four years patient did not trouble very much about this, but as she then began to have abdominal pain she attended the Guildford Hospital. She was told she had an internal tumour, and that an operation would be necessary. She left off attending the hospital after a short time, and had no more advice till three weeks ago, when she had a profuse flooding following two months' amenorrhœa. She consulted a doctor, who advised her admission to St. Thomas's Hospital. During the last three weeks she has had constant and fairly profuse hæmorrhage.

On examining the abdomen a large swelling is seen in the umbilical and hypogastric regions, its upper limit reaching two inches above the umbilicus. It causes marked prominence of the abdomen in the middle line and symmetrically. The tumour has a rounded outline, and its consistence is semi-elastic. It is slightly moveable from side to side. There is a small prominence on the right side of the tumour, which is tender, of softer consistence, and fluctuating. The percussion note over the tumour is dull. *Per vaginam* the uterus can be felt lying in front of the tumour. It is not enlarged, and is moveable apart from the tumour; no pedicle detected. The uterine sound passed the normal distance.

*Abdominal section* (September 12th, 2 p.m.).—Median incision six and a half inches long. The surface of the tumour was thus exposed, and an adhesion of the omentum to the upper part of the mass on the right side was sepa-

rated. The tumour was now brought out through the wound, and the upper part of the incision was brought together by a few deep silkworm-gut sutures to prevent exposure of the intestines. It was now obvious that the mass was a fibroid tumour of the uterus. The broad ligaments were now secured by a double ligature on either side, and divided with scissors on the proximal side. A silk ligature was then passed on each side through the deeper portion of the broad ligament to secure the uterine artery. The tumour was now removed by means of two incisions in front and behind, a short distance above the pedicle. After its removal peritoneal flaps were dissected off the stump anteriorly and posteriorly, and a further portion of the stump, in which the uterine canal was seen, was removed. After paring the flaps with scissors the peritoneal flaps were turned inwards, and united by twelve silk Lembert's sutures. The ovaries and portion of Fallopian tubes were then ligatured and removed. The abdominal cavity was now made clean with marine sponges, and the rest of the incision brought together by silkworm-gut sutures. A drainage-tube was placed in the lower angle of the wound as a security against hæmorrhage.

The tumour on examination was found to consist of a large intra-mural fibroid, situate in the anterior wall of the uterus. On section the tumour was found to have undergone cedematous infiltration, with necrotic change in part. Weight 6 lbs. 10 oz.

Patient was very restless after the operation, and at 10 p.m., on removing the dressings, blood was seen to be oozing through the tube. Three ounces of bright blood were removed with the pipette, and as the bleeding still continued Dr. Cullingworth was sent for. Patient was put under an anæsthetic, and the lower part of the wound was reopened. The stump was found to be perfectly secure, and the bleeding was due to slipping of the ligature on the left broad ligament. This was re-ligatured, some clots removed, and the edges of the wound reunited. A drainage-tube was inserted as before. The patient bore the second operation well.

September 14th.—Tube was removed at the end of

eighteen hours from the first operation. General condition good. Somewhat troubled with retching.

18th.—Going on well. Temperature normal for last two days.

25th.—Temperature has reached 100° F. on three occasions since last note. Appetite good. Bowels open regularly.

27th.—Got up to-day for first time.

October 17th.—Strong and well. On examination stump is found to be freely moveable, about the size of the normal uterus. Going out to-morrow.

# STATISTICAL REPORT

## OF

# THE OPHTHALMIC DEPARTMENT

## FOR THE YEAR 1892.

By J. FISHER, M.B., B.C.CANTAB.,

AND

E. P. ISAACS, M.R.C.S., L.R.C.P.,

LATE OPHTHALMIC HOUSE SURGEONS.

DURING the year there were 4181 new out-patients (exclusive of renewed letters). 259 in-patients were admitted, and 228 major operations were performed.

### *Table of In-patients.*

Cataract, senile . . . . .	38	Granular lids . . . . .	2
„ lamellar . . . . .	6	Hemianopia . . . . .	1
„ traumatic . . . . .	4	Hypermetropia . . . . .	1
„ diabetic . . . . .	2	Iritis . . . . .	13
„ congenital . . . . .	5	Tumour of iris . . . . .	1
„ concussion . . . . .	1	Injuries and wounds of eye . . . . .	28
Membrane after extraction . . . . .	10	Inflamed blind eye . . . . .	1
Tobacco amblyopia . . . . .	2	Inflammation of lacrimal sac . . . . .	1
Corneal ulcers without hypopyon . . . . .	24	Keratitis . . . . .	5
„ „ with hypopyon . . . . .	3	„ suppurative . . . . .	3
„ staphyloma . . . . .	2	„ interstitial . . . . .	7
Conjunctivitis . . . . .	1	Keratocele . . . . .	1
Choroiditis . . . . .	3	Irritable lids . . . . .	1
Caries of lacrimal bone . . . . .	2	Meibomian cyst . . . . .	2
Conjunctiva, new growth in . . . . .	1	Myopia . . . . .	4
Dermoid cyst of orbit . . . . .	3	New growth in retina . . . . .	2
Dislocation of lens . . . . .	1	Nebula of cornea . . . . .	2
Entropion . . . . .	1	Nævus of lid . . . . .	1
Epiphora . . . . .	1	Edema of lids . . . . .	2
Detachment of retina . . . . .	4	Ophthalmia, purulent . . . . .	6
Glaucoma . . . . .	22	„ diphtheritic . . . . .	3



Ophthalmoplegia . . . . .	3	Rodent ulcer of upper eyelid . . . . .	1
Optic neuritis . . . . .	5	Staphyloma, ciliary . . . . .	1
„ atrophy . . . . .	1	Strabismus, convergent . . . . .	10
Orbital abscess . . . . .	1	Shrunken eye . . . . .	3
Paresis of ocular muscles . . . . .	1	Sympathetic ophthalmitis . . . . .	2
Ptosis . . . . .	1	Trichiasis . . . . .	1
Pterygium . . . . .	1	Suppurative panophthalmitis . . . . .	2
Retinitis, syphilitic . . . . .	1	Vitreous, disease of . . . . .	1
„ pigmentosa . . . . .	1		
			<hr/> 259

## List of the chief operations performed :

(The figures refer to the number of eyes.)

Removal of cataract . . . . .	58	Galvano-cautery to conjunctival	
Extraction . . . . .	44	pustule . . . . .	1
Curette evacuation . . . . .	3	„ and paracentesis . . . . .	3
Needling for congenital . . . . .	9	For entropion . . . . .	2
„ for traumatic . . . . .	2	Arlt's operation . . . . .	1
Discission of membrane after ex-		Green's „ . . . . .	1
traction . . . . .	14	For ectropion . . . . .	1
Iridectomy . . . . .	38	For lacrimal disease . . . . .	7
For glaucoma, acute . . . . .	11	Removal of rodent ulcer . . . . .	3
„ „ chronic . . . . .	2	„ of growth of conjunctiva . . . . .	2
Preliminary to extraction		„ of dermoid cyst . . . . .	2
of cataract . . . . .	5	„ of nævus of lid . . . . .	1
For prolapse of iris . . . . .	7	„ of sebaceous cyst . . . . .	1
„ artificial pupil . . . . .	8	„ of Meibomian cysts . . . . .	1
„ iritis . . . . .	4	„ of chip of metal from	
„ anterior synechiæ . . . . .	1	globe with electro-magnet . . . . .	3
Iridotomy . . . . .	3	Expression for granular lids . . . . .	1
Sclerotomy for glaucoma . . . . .	3	Operation for ptosis . . . . .	1
Tenotomy of internal rectus . . . . .	15	Electrolysis of lashes . . . . .	2
Critchett's operation . . . . .	7	Scraping of corneal ulcer . . . . .	1
Graefe's „ . . . . .	7	Excision of eyeball . . . . .	46
Liebreich's „ . . . . .	1		<hr/> 228
Advancement of external rectus . . . . .	7		
Galvano-cautery to corneal ulcer . . . . .	5		
„ to wound . . . . .	3	(In addition to the above, a large	
„ to lids . . . . .	2	number of minor operations were	
„ to conical cornea . . . . .	1	performed.)	

*Analysis of Cataract Operations.*

I. Extraction of hard cataract—44.

The section was made upwards in every case.

In twenty-eight cases the lens was extracted without iridectomy. In eleven iridectomy was done in the usual course, in one it was done because of obstinate prolapse after extraction, and in one because of restlessness of the patient. In three cases preliminary iridectomy had been performed. In three cases a sharp hook was used for the removal of the lens.

In all cases where iridectomy was done the use of atropine was begun on the third day after the operation. In the majority of cases where no iridectomy was done eserine was used immediately after the operation, atropine being substituted later.

In all the cases a 2 per cent. solution of hydrochlorate of cocain was the anæsthetic.

II. Operations for removal of soft cataract.

In one case the lens was extracted without, and in one other with, iridectomy.

One case of concussion cataract was treated by needling, and in one (traumatic) the lens matter was let out by corneal incision. One traumatic case was only needled.

Ten cases of lamellar cataract were needled; in four of these the lens matter was subsequently evacuated.

*Extraction of Senile Cataract.—Mr. Nettleship, 30 cases.*

Report	Page in Bk. '92.	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
1	16	G. C. Jan. 15th	M.	72	Cocain	Right; extraction up with iridectomy; considerable hæmorrhage into a.c.; a good deal of soft matter expressed afterwards; removal of nucleus, and eye irrigated twice	Pleurisy afterwards; favorable as regards eye	None	Feb., 1892— R. v. c. + 9 D. = $\frac{5}{36}$ partly. c. + 18 D. spells 1 J. at 5".
2	25	M. A. T. Feb. 5th	F.	72	"	Right; extraction up without iridectomy; some opaque matter left behind	Favorable	None	June 3rd, 1892— R. v. c. + 12 D. sp. } $\frac{5}{32}$ + 1 D. eye - } 1 letter. c. + 16 D. = 1 J. at 9".
3	27	E. V. Feb. 15th	F.	76	"	Left; extraction up with sharp hook without iridectomy; lens small and hard; soft matter left behind; eyelids twitching; operation prolonged	Striated keratitis spreading from wound	None	Oct. 14th, 1892— L. v. c. + 14 D. = $\frac{6}{32}$ . c. + 18 D. = 6 J. at 9".
4	34	L. J. Feb. 18th	F.	59	"	Right; extraction up without iridectomy; incision at upper part rather central; whole of lens came out cleanly	Favorable	None	Feb., 1892— R. v. c. + 9 D. sph. } $\frac{5}{80}$ . + 3.5 D. cyl. - } c. + 18 D. sp. } 14 J. + 3.5 D. cyl. - } at 7".
5	34	L. J. Oct. 21st	F.	59	"	Left; extraction upwards without iridectomy; much soft cortex, only partly removed; iridectomy after removal of lens as patient was restless; lids twitching	Favorable	None	Nov., 1892— L. v. = $\frac{1}{10}$ with any glass. + 15 D. = 16 J. at 11".
6	40	P. C. March 4th	F.	50	"	Left; extraction up without iridectomy; lens came out clean	Favorable	None	May, 1892— L. v. c. + 10 D. = $\frac{1}{13}$ partly. c. + 16 D. = 1 J. at 3".

7	40	P. C. April 29th	F. 50	"	Right; extraction up without iridectomy; on expressing some soft matter after removal of lens a bead of vitreous presented and escaped; iris remained in good position, so eye was tied up	Favorable	None	May, 1892— R. v. c. + 10 D. = $\frac{1}{16}$ . c. + 16 D. = 1 J. at 6".
8	43	T. H. March 11th	M. 65	"	Left; extraction up without iridectomy; lens came out clean; "acid drop" lens. Patient quiet	Slight iritis	None	Sept., 1892— L. v. c. + 12 D. = $\frac{1}{12}$ partly. c. + 16 D. = 1 J. at 8".
9	68	E. C. May 6th	M. 43	"	Left; extraction up without iridectomy; a small amount of lens matter remained behind	Favorable	—	May 23rd, 1892— L. + 10 D. = $\frac{6}{32}$ . + 13 D. = 1 J. at 11".
10	72	M. E. May 13th	F. 64	"	Left; extraction up without iridectomy; lens came out clean. Patient behaved well	Favorable	None	July 1st, 1892— L. v. c. + 10 D. = $\frac{6}{16}$ . c. + 15 D. = 1 J. slowly at 6".
11	71	M. D. May 13th	F. 68	"	Right; extraction up without iridectomy; lens came out clean. Patient behaved well	Favorable	None	Jan., 1893— R. v. c. + 14 D. = $\frac{6}{13}$ partly. + 18 D. = 10 J. at 8".
12	71	M. D. Oct. 14th	F. 68	"	Left; extraction up without iridectomy; lens came away fairly whole; a little soft matter removed subsequently; iris replaced. Eserine used afterwards	Favorable	None	Jan., 1893— L. v. c. + 12 D. = $\frac{6}{12}$ partly. + 16 D. = 6 J. at 6".
13	83	C. D. June 4th	F. 70	"	Right; extraction up without iridectomy; very little soft cortex left behind; iris went back readily; pupil left fairly circular and nearly central. No eserine used. Patient behaved well	Prolapse of iris	June 8th— Prolapsed iris drawn out and cut off	Sept., 1893— R. v. c. + 9 D. = $\frac{6}{8}$ partly. c. + 15 D. = 6 J. at 8".
14	89	C. B. July 26th	M. 70	"	Right; extraction up without iridectomy; flap rather short; lens did not come away at first; cystitome introduced a second time; lens readily removed; soft matter expressed afterwards; pupil left central and circular	Atropine; delirium; striated keratitis	None	R. v. c. + 12 D. = $\frac{6}{8}$ partly. c. + 16 D. = 1 J. at 8".

Report No.	Page in Bk. '92	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
15	110	S. C. July 28th	F.	63	Cocain	Right; extraction up without iridectomy; lens came away readily; a little soft cortex subsequently expressed; on replacing iris with spatula a small rent was seen in upper part of iris producing a small coloboma	Favorable	None	Feb., 1893— + 10 D. = $\frac{35}{60}$ , + 18 D. = 12 J. slowly.
16	111	A. F. Aug. 5th	F.	57	"	Left; extraction up without iridectomy; lens came out very readily; during extraction of lens iris rolled up anteriorly, and was with some difficulty replaced by spatula; pupil left central and circular	Favorable; adhesions above	None	Sept., 1892— + 11 D. = $\frac{6}{35}$ , + 16 D. = 6 J.
17	112	M. G. Aug. 9th	F.	63	"	Left; extraction up with iridectomy; good-sized coloboma lens came away readily; some soft cortex left; free bleeding. Patient diabetic, averaging 3 oz. of sugar daily	Considerable iritis; constricted keratitis; iris updrawn	Dec. 9th— Downward iridectomy; good piece of iris and capsule removed; gaped well Nov. 15th— Downward perfora- tion; iridectomy; iris re- moved with Tyrrell's hook; small bead of vitreous cut off	Jan., 1893— Not $\frac{6}{60}$ , + 16 D. = 16 J.
18	117	N. G. Aug. 12th	F.	69	"	Right; extraction up without iridectomy; lens came out readily; soft cortex subsequently removed; iris replaced with spatula; pupil left central and circular	Severe iritis coming on late, with much exudation of greenish lymph, which led to almost complete blocking of pupil		Dec., 1892— + 11 D. = $\frac{6}{60}$ , + 18 D. = 14 J.



19	118	A. G. Aug. 12th	F. 63	"	Right; extraction up without iridectomy; lens came out readily; a little soft cortex matter subsequently coaxed away; iris replaced with spatula; pupil central and circular	Favorable	Dec. 2nd— Right needed; gap of head of vitreous cut off	Feb., 1893— + 9 D. = $\frac{6}{16}$ partly. + 15 D. = 1 J.
20	83	C. D. Aug. 16th	F. 70	"	Left; extraction up without iridectomy; lens came out readily; iris replaced with spatula; pupil left central and circular; some soft cortex expressed after removal of lens	Favorable	None	Sept., 1893— 1. + 10 D. = $\frac{6}{16}$ . + 15 D. = 6 J. fairly.
21	129	B. B. II. Oct. 13th	F. 72	"	Right; extraction up without iridectomy; lens came away easily and fairly whole; iris went back easily. Patient behaved well. Esarine used afterwards	Favorable	None	—
22	136	E. C. Oct. 21st	F. 81	"	Left; extraction up without iridectomy; lens came out nearly clean; iris went back well. Patient behaved well	Favorable	—	May, 1893— + 11 D. = $\frac{6}{16}$ . + 15 D. = 8 J.
23	135	M. B. Oct. 21st	F. 74	"	Left; extraction up without iridectomy; lens hard, came out clean; iris went back perfectly without manipulation. Patient behaved perfectly	Favorable; a few adhesions	None	Jan., 1893— + 11 D. = $\frac{6}{16}$ . + 18 D. = 1 J. slowly at 7".
24	138	M. R. Oct. 28th	F. 64	"	Right; extraction up with iridectomy, as patient was very restless; lens came away fairly whole. Patient behaved too badly to allow perfect finish to operation	Considerable iritis; striated haze of cornea	None	Feb., 1893— + 11 D. = $\frac{6}{16}$ . + 18 D. = 2 J.
25	137	S. A. S. Oct. 28th	F. 55	"	Left; extraction up; much soft cortex; difficulty in replacing iris; no iridectomy was done; some soft matter left. Patient behaved rather badly	Favorable	Mar. 17th, 1893— Left needed	+ 10 D. = $\frac{6}{16}$ , 1 letter. + 16 D. = 1 J.

Report No.	Page in Bk. '92.	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
26	77	E. E. Nov. 4th	M.	64	Cocain	Right; extraction up with iridectomy; lens small and hard; much bleeding. Behaved fairly. Patient subject to bad chronic bronchitis	Favorable	None	Jan. 17th, 1893— + 9 D. sp. } $\frac{1}{2}$ partly. + 1 D. cyl. } $\frac{1}{2}$
27	144	W. M. Nov. 11th	M.	74	"	Left; extraction up with iridectomy; eyes prominent, lids uncontrollable; section too short, but otherwise correct; much bleeding; immediate iridectomy; ? capsule tough; cystitisome had to be introduced several times; lens would not come with repeated pressure, and was finally extracted with sharp hook; lens brown and hard; a little soft matter coaxed away; pupil left black and central. Whole operation difficult, and took a very long time	Slight iritis	None	+ 9 D. sp. } $\frac{6}{12}$ partly. + 1.5 D. cyl. } $\frac{1}{2}$ + 16 D. sp. } + 1.5 D. cyl. } 1 J.
28	141	M. R. Nov. 18th	F.	63	"	Right; extraction up without iridectomy; much semi-clear cortex, some of which was left behind; iris did not return well. Eserrine used three or four times afterwards. Patient diabetic	Much deep-seated opaque matter	March 28th and May 12th, 1893— Right needed	—
29	153	M. M. Dec. 2nd	F.	70	"	Right; extraction up without iridectomy; cataract over-ripe; small hard nucleus; iris went back well. Eserrine used afterwards two or three times	Favorable; one or two adhesions	May 12th, 1893— Right needed	Dec., 1892— Illiterate; with + 12 D. counts letters of $\frac{9}{18}$ .
30	158	P. C. Dec. 16th	F.	59	"	Right; extraction up with primary iridectomy; lens over-ripe, hard, and dry; moved about with cystitome; removed with hook; a considerable piece coaxed out afterwards. Iridectomy because patient seemed fidgety	Favorable; a few adhesions	None	Jan., 1893— + 9 D. sp. } $\frac{6}{15}$ partly. + 1 D. cyl. } $\frac{1}{5}$ + 16 D. = 6 J.

31	37	M. A. P. May 30th	F. 64	Cocain	Right; extraction up with iridec- tomy; incision rather to nasal side of vertical diameter of cornea, and nearly at sclero-corneal junction; moderate-sized piece of iris re- moved; lens presented and came out easily; a little soft cortex removed afterwards. Patient behaved well	Favorable	—	Feb., 1891— + 5 D. = $\frac{6}{30}$ . + 10 D. = 6 J. at 9".
32	42	M. B. June 23rd	F. 69	"	Right; extraction up without iridec- tomy; section at puncture and counter-puncture sclero-corneal, at apex just inside corneal edge; lens came out cleanly and easily; a little soft cortex coaxed out afterwards; iris replaced without difficulty; pupil remained central. Patient behaved well	Favorable	—	Sept., 1892— Militate; counts letters of 1 J. with + 7 D.
33	—	Wm. LeG. June 29th	M. 60	"	Left; extraction up with iridectomy; small iridectomy lens did not pre- sent; cystitome used a second time; lens then came out quite clean; rather free bleeding	Favorable	Jan. 26th, 1893— Left capsule needed	Jan. 30th, 1893— + 14 D. = $\frac{6}{18}$ nearly. + 18 D. = 4 J. slowly.
34	—	Wm. LeG. Sept. 29th	M. 60	"	Right; extraction up with iridectomy; counter-puncture rather too peri- pheral; iris followed knife through counter-puncture; moderate-sized iridectomy; lens came away easily and fairly clean; rather free bleeding	Inner end of wound bulged, and iris became engaged in the scar	Oct. 17th— Prolapsd iris removed. Feb. 6th, 1893— Right needed	Feb. 20th, 1893— + 14 D. = $\frac{6}{5}$ nearly. + 18 D. = 4 J. slowly.
35	45	C. B. June 29th	F. 72	"	Right; extraction up without iridec- tomy; pupil widely dilated at time of operation; iris rolled over knife but was not cut; lens nucleus came out entire; a good deal of soft cortex removed subsequently; pupil almost central, but not clear	Favorable	—	Sept., 1892— + 10 D. = $\frac{6}{18}$ . + 14 D. = 1 J. at 7".

Report No.	Page in Bk. '92	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
36	28	L. S. July 18th	F.	72	Cocain	(Preliminary iridectomy April 28th, 1892.) Left; extraction up; incision corneal at summit; lens came out easily; a good deal of soft matter subsequently removed, and pupil left nearly black. Patient behaved well	Favorable	—	Oct., 1892— + 9 D. = $\frac{9}{32}$ . + 14 D. = 6 J. slowly.
37	52	J. R. Sept. 2nd	M.	61	"	Left; extraction up with iridectomy; a fair-sized but ragged piece of iris removed; lens did not present readily; capsule needed a second time; lens came away fairly whole; a little soft matter removed afterwards	Favorable	—	Feb., 1893— + 11 D. = $\frac{3}{8}$ . + 18 D. = 14 J.
38	68	E. G. Sept. 29th	M.	82	"	Right; extraction up with iridectomy; incision at sclero-corneal junction; lens came away easily and clean. Patient behaved well	Oct. 4th—Patient knocked his eye accidentally, reopening the wound; slight iritis	None	Illiterate; with + 12 D. counts fingers at 12 feet; with + 16 D. can tell the time on a watch.
39	—	S. W. Oct. 24th	F.	73	"	Right; extraction up without iridectomy; incision at sclero-corneal junction; lens came away easily; hard brown nucleus; much soft cortex removed afterwards; iris returned with spatula; pupil left central. Esarine used afterwards	Slight striated keratitis	None	+ 13 D. = $\frac{6}{16}$ nearly. + 18 D. = 4 J.
40	78	M. S. Nov. 7th	F.	66	"	Right; extraction up without iridectomy; lens hung a little, but came away fairly whole; iris easily replaced. Patient behaved rather badly	Favorable	None	Feb., 1893— + 14 D. = $\frac{9}{16}$ partly. + 18 D. = 1 J. at 8".

41	81	R. S. Nov. 14th	M. 62	"	Right; extraction up with iridec- tomy; iris removed in two pieces; lens large and flat; came out slowly owing to obstruction by conjunc- tival flap; a little soft cortex sub- sequently removed	Operation followed by oblique and rather severe conjunctivitis of right	None	Feb., 1893— + 11 D. = $\frac{0}{15}$ partly. + 16 D. = 1 J.
42	88	S. G. Nov. 21st	P. 51	"	Right; extraction up without iridec- tomy; incision at sclero-corneal junction; lens removed easily; a little soft cortex subsequently ex- pressed; iris easily returned; pupil left central. Patient behaved per- fectly	Favorable; slight iritis	Feb. 20th, 1893— Right needed	April, 1893— + 10 D. sp. } $\frac{0}{15}$ partly. + 2.5 D. cyl. } + 16 Ds. = 1 J.
43	91	J. W. Dec. 12th	P. 57	"	Right; extraction up without iridec- tomy; large dense nucleus ex- truded without difficulty; a good deal of opaque soft cortex removed afterwards; iris easily returned; pupil left central but not quite circular; cornea flaccid. Patient behaved perfectly	Iritis and striated keratitis; eventually did well	None	Nov. 16th, 1893— + 10 D. = $\frac{0}{15}$ ; $\frac{0}{15}$ partly. + 16 D. = 1 J. slowly.
44	—	A. M. May 26th	P. 59	"	Left; extraction up; lens did not present at first; cystotome intro- duced a second time, when lens came away fairly readily; capsule had to be freely incised. Pre- liminary iridectomy March 24th, 1892	Favorable	None	March 16th, 1893— Not $\frac{0}{15}$ with any glass. + 16 D. = 20 J. <i>Oph.</i> —Large area of cho- roidal atrophy near y. s.

*Removal of Soft Cataract.—Mr. Nettleship, 11 cases.*

45	12	G. R. D. Jan. 22nd, 1892	M. 28	Cocain	Concession cataract. Right needed, not deeply; incision with Taylor's knife; suction attempted; some lens matter escaped; vitreous pre- sented, but none was lost	Favorable	Right needed Feb. 26th and March 25th	June, 1893— + 11 D. = $\frac{0}{15}$ . + 15 D. = 1 J.
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Report No.	Page in Bk. '92.	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
46	22	L. S. Jan. 29th	F.	7	Cocain	Left needled, one fine needle; small central opening in capsule. Needled again June 21st, August 16th, and November 25th	Favorable	—	Still opaque matter in pupil.
47	23	E. W. Feb. 5th	F.	17	"	Left.—1st. Single needle inserted into lens; on withdrawal a clear space was left in lens; probably vitreous 2nd. Incision with Graefe's knife; cystitome applied to lens capsule; vitreous escaped and was cut off; lens a mere thin disc through which needle passed at once	Favorable	None	L. v. c. + 11 D. = $\frac{6}{2}$ , 2 letters.
48	46	F. B.	M.	4	Chloroform	Right needled, one needle. Needled again April 13th, June 28th, and October 28th	Favorable	—	Still opaque matter in a. c.
49	67	F. K. May 13th	F.	24	"	Right needled, one needle; some semi-fluid opaque matter at once escaped into a. c.; needle then withdrawn	Favorable	None	Right pupil left clear.
50	67	F. K. May 20th	F.	24	"	Left needled, one needle; only a little semi-fluid matter escaped	Favorable	None	Left: still a little opaque matter in pupil
51	—	E. C. Aug. 2nd	F.	29	Cocain	Right extraction up without iridectomy; nucleus came away readily; much soft matter left, which was in part coaxed away subsequently; iris replaced with spatula, and pupil left central and circular. Patient behaved only moderately well	Aug. 9th—Prolapse of iris in right. Ether—Iris drawn out and cut off in two pieces. Nov. 18th—Right capsule needled; capsule gaped well		
									+ 7 D. sp. } + 1 D. cyl. } + 14 D. = 6 J. } <sub>36</sub>

52	125	A. B. Oct. 14th	F. 8	Ether	Right freely needled; pyramid detached and let out through keratome incision. Lamellar cataract with dense anterior pyramidal opacities	Lens was needled during very early stage of enteric fever. Child was not noticed to be unwell at the time. On Oct. 18th cornea dull; yellowish reflex T. +. Ether—Curette extraction. This was followed by a species of suppurative iritis; the eye shrank and T. remained —. On Dec. 16th, right remaining watery, irritable, and photophobic, it was excised.
53	140	E. B. Nov. 4th	F. 12	Cocain	Right needled sparingly at anterior pole. Congenital cataracts, "cross" type	Favorable March 10th, 1893— Right again needled. May 26th, 1893— Right needled. Dec. 8th, 1893— Right needled Dec. 18th, 1893— + 10 D. = $\frac{6}{18}$ . + 15 D. = 6 J.
54	154	W. H. Dec. 9th Dec. 16th	M. 12	1. Cocain 2. Ether	1. Right needled, not very freely; no speculum used; child flinched. Lamellar	Oct. 16th—Lens swelled rapidly; symptoms of glaucoma followed. Ether—Curette extraction Nov., 1892— + 1 D. = $\frac{6}{18}$ . + 12 D. = 1 J.
55	155	G. N.	M. 14	Cocain	Right needled; centre of lens only, but rather freely. Lamellar	Jan., 1893— + 14 D. sp. } $\frac{6}{18}$ . + 1 D. cyl. } + 18 D. sp. } 1 J. + 1 D. cyl. }

## Removal of Soft Cataract.—Mr. Lawford, 3 cases.

Report No.	Page in Bk. '92.	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
56	15	H. D. March 4th	M.	17	Cocain	Left; incision near periphery of cornea up and in; aqueous escaping; tinged yellow lens matter was let out through aperture, not a great deal escaped; vitreous presented, but none escaped. Traumatic cataract from wound with chip of steel	March 13th—Suppuration. March 16th.—Left excised. Examined afterwards, the vitreous was found densely streaked with greenish-yellow infiltration. A chip of bright metal was found in vitreous	—	—
57	20	C. P. March 24th	F.	37	"	Left; extraction up with iridectomy; iris caught on edge of knife, and a portion was cut out during the incision; lens soft; a fair amount removed. In attempting to extract the remainder a small bead of vitreous presented and was cut off	Favorable	—	April, 1894— + 11 D. = $\frac{1}{16}$ . + 18 D. = 4 J. slowly.
58	29	A. L. May 12th	M.	20	"	Right freely needled, one needle. Needled again July 18th. Traumatic cataract	Progressed favorably, the lens matter becoming slowly absorbed. Had slight rise of tension for some time, which quieted down without other symptoms	—	Oct. 27th, 1892— Fingers at 4 feet.

STATISTICAL REPORT  
OF  
THE OPHTHALMIC DEPARTMENT  
FOR THE YEAR 1893.

BY J. F. RUDALL, M.B., B.S., M.R.C.S.,  
OPHTHALMIC HOUSE SURGEON.

DURING the year there were 3549 new out-patients (exclusive of renewed letters), 213 in-patients were admitted, and 209 major operations were performed.

*Table of In-patients.*

Cataract, senile . . . .	39	Leucoma of cornea . . . .	4
„ lamellar . . . .	5	Staphyloma of cornea . . . .	1
„ congenital . . . .	1	Conical cornea . . . .	4
„ traumatic . . . .	4	Kerato-iritis . . . .	2
Membrane after extraction . . . .	9	Iritis, syphilitic . . . .	1
Glaucoma, acute . . . .	4	„ serous . . . .	2
„ subacute . . . .	4	„ recurrent . . . .	1
„ chronic . . . .	5	„ traumatic . . . .	1
„ secondary . . . .	1	Occluded pupil . . . .	1
Wound of eyeball . . . .	29	Cyclitis, serous . . . .	1
Lost eyes . . . .	11	Choroiditis, syphilitic . . . .	4
Conjunctivitis . . . .	3	Rupture of choroid . . . .	1
Granular lids and pannus . . . .	2	Choroido-retinitis . . . .	1
Keratitis, syphilitic . . . .	2	Retinitis, syphilitic . . . .	2
„ vascular . . . .	2	Detachment of retina . . . .	8
„ hypopyon . . . .	1	Glioma of retina . . . .	1
„ suppurative . . . .	1	Papillitis . . . .	2
„ superficial . . . .	1	Optic atrophy, primary . . . .	2
„ strumous . . . .	1	„ post-papillitic . . . .	1
Corneal ulcers without hypopyon . . . .	14	Tobacco amblyopia . . . .	1
„ with hypopyon . . . .	2	Functional amblyopia . . . .	1

Hæmorrhage into vitreous, traumatic . . . . .	1	Ptosis, congenital . . . . .	1
Sympathetic ophthalmitis . . . . .	1	Exophthalmus (Graves's disease) . . . . .	1
Pyæmic panophthalmitis . . . . .	1	Lupus of conjunctiva . . . . .	1
Strabismus, convergent . . . . .	7	Dermoid cyst of orbit . . . . .	4
„ divergent . . . . .	3	Sarcoma of orbit . . . . .	2
Lacrimal abscess . . . . .	1	Exostosis of orbit . . . . .	1
Ectropion . . . . .	4	Blood-cyst in orbit . . . . .	1
Entropion . . . . .	1		213

The following is a list of the chief operations performed :

*(The figures refer to the number of eyes.)*

Removal of cataract . . . . .	64	Advancement of internal rectus with tenotomy of external rectus . . . . .	3
Extraction . . . . .	39	Advancement of external rectus with tenotomy of internal rectus . . . . .	1
Curette evacuation . . . . .	7	For entropion . . . . .	1
Needling for congenital . . . . .	18	„ ectropion . . . . .	3
Discission of membrane after extraction . . . . .	24	Partial Burow . . . . .	1
Iridectomy . . . . .	42	Blepharoplasty . . . . .	1
For glaucoma, acute . . . . .	4	For congenital ptosis: Wecker's modified Pagenstecher . . . . .	1
„ chronic . . . . .	9	Peritomy . . . . .	2
„ secondary . . . . .	1	For symblepharon . . . . .	1
Preliminary to extraction . . . . .	8	Division of anterior synechiæ . . . . .	2
For prolapse of iris . . . . .	11	Removal of chip of iron in eye by electro-magnet . . . . .	1
„ relapsing iritis . . . . .	1	Removal of dermoid cysts of orbit . . . . .	3
„ chronic kerato-iritis . . . . .	1	„ of rodent ulcer of nose . . . . .	1
„ artificial pupil . . . . .	7	„ tumour of orbit . . . . .	2
Iridotomy . . . . .	3	Ablation of contents of orbit for sarcoma . . . . .	1
Sclerotomy for glaucoma . . . . .	2	Excision of eyeball . . . . .	31
Operation for conical cornea . . . . .	5		209
Cautery to conjunctiva . . . . .	2		
„ to cornea . . . . .	4		
Tenotomy of internal rectus . . . . .	6		
Moorfields operation . . . . .	4		
Graefe's „ . . . . .	1		
Liebreich's „ . . . . .	1		
Tenotomy of external rectus . . . . .	2		



*Analysis of Cataract Operations.*

I. Extractions of hard cataract—39.

The section was made upwards in thirty-seven cases and downwards in two.

In nineteen cases iridectomy was done in the usual course. In one the iris fell over the knife during the section.

In four cases preliminary iridectomy had been performed.

In the remaining fifteen cases the lens was extracted without iridectomy, but in five of these iridectomy was subsequently performed for prolapse of iris.

In two cases a sharp hook was used in extraction of the lens, and in one a spoon.

In all cases in which an iridectomy was done atropine was commenced on the third day after operation; where no iridectomy was done a half per cent. solution of eserine was used after the operation, atropine being substituted for it usually on the third or fourth day.

A 2 per cent. solution of hydrochlorate of cocain was the anæsthetic used in thirty-eight cases; in one in which the lens was dislocated chloroform was administered.

II. Operations for removal of soft cataract—14.

Of these cataracts eight were lamellar, two were congenital, and four were traumatic.

In three of the eight lamellar the lens was removed by the curette after preliminary needling; in the remaining five it was needled and allowed to undergo absorption.

Of the two congenital cataracts one was simply needled, and the other was removed by curette extraction.

Of the four traumatic cataracts two were needled, and two were removed by curette extraction.

TABLE I.—*Extractions of Hard Cataract (39).—Mr. Nettleship's Cases (27).*

Page in Bk. '93.	Report	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
16	1	E. A. Jan. 20th	F.	52	Cocain	Right; extraction upwards; iridectomy done subsequently to extraction, as iris did not return; cataract probably traumatic	Favorable	Nov. 24th, '93— Needled	Dec. 11th, 1893— + 11 D. = $\frac{5}{60}$ . + 16 D. = 16 J. at 12 in.
17	2	A. W. Jan. 27th	F.	68	"	Right; extraction upwards without iridectomy; lens came away fairly whole; a little lens matter removed afterwards; iris returned with difficulty; eserine used several times after operation	Favorable	None	March 7th, 1893— + 9 D. = $\frac{6}{30}$ . + 15 D. = 1 J. slowly.
	3	A. B. Jan. 27th	F.	75	"	Left; extraction upwards without iridectomy; iris replaced with much difficulty. Eserine used several times after operation. About 2 or 3 hours after operation patient vomited. Iris, which was found prolapsed, was drawn out and cut off.	Feb. 9th—Iritis. Feb. 13th— Pupil small, irregular, and drawn upwards. March 21st— Right sympathetic iritis.	None	July 28th, 1893— V. = perception of light.
20	4	L. H. Feb. 17th	F.	66	"	Left; extraction upwards; after extraction iris would not return; immediate iridectomy performed	July 28th— Left pupil occluded Favorable	None	Sept. 28th, 1893— + 11 D. = $\frac{5}{60}$ . + 15 D. = 1 J. at 10 in.
53	5	E. B. April 14th	M.	59	"	Right; extraction upwards with iridectomy; lens hard, came away fairly clean	Favorable	None	April 26th, 1893— + 9 Ds. = $\frac{6}{18}$ badly. + 3 Dc. = $\frac{6}{18}$
55	6	P. R. April 21st	M.	66	"	Right; extraction upwards with iridectomy; section rather short; large iridectomy done owing to patient trying to shut his eye; lens came out fairly well; some	April 24th— Wound suppurating. May 18th— Cornea becoming	April 24th— Ether followed by chloroform; wound reopened; puro-lymph	Shrunken globe.

69	7	M. D. May 26th	F. 66	"	soft matter extruded afterwards	definitely grey, and eye becoming soft	drawn out with iris forceps; centre of capsule came away; galvano-cautery applied to wound; anterior chamber irrigated with Liq. Chlori None	June 30th, 1893— + 12 D. = $\frac{0}{15}$ .
					Left; extraction upwards without iridectomy. Lens came away easily, leaving some soft cortex, which was subsequently extruded. Pupil not quite central. Eserine applied. Patient sent to bed without bandage. Two hours after operation pupil still not quite central, but no prolapse of iris. Eyes bandaged	May 27th— Large prolapse of iris, which was removed. Further progress favorable		
78	8	J. D. June 2nd	F. 57	"	Right; extraction upwards with iridectomy. Lens came away clean. Diabetic cataract	Favorable	None	Oct. 25th, 1893— + 11 D. = $\frac{0}{34}$ . + 15 D. = 4 J. at 10 in. Thin membrane in pupil.
82	9	L. B. June 16th	F. 54	"	Left; extraction upwards with iridectomy. Much soft cortex all removed	Favorable	None	July 7th, 1893— + 11 D. = $\frac{0}{12}$ . + 16 D. = 1 J. at 10 in.
92	10	R. L. July 7th	M. 70	"	Right traumatic cataract. Scar in cornea down and out with anterior synchia. Section made downwards. Attempted hook extraction, but lens was more fluid than it appeared to be. Lens partly broken up, but not removed. Spoon introduced and greater part of lens removed. Iris drawn out and cut off. A small bead of vitreous escaped and was cut off	Nov. 21st— Pupil drawn downwards and blocked by iritic remains	Dec. 1st, 1893— Transverse iridotomy	Counts fingers at 3 to 4 ft.

Page in Bk. 93.	Report No.	Name and date.	Sex.	Age.	Anæsthetic	Operation.	Progress of case.	Secondary operation.	Result.
95	11	E. R. July 14th	F.	73	Cocain	Right; extraction upwards with iridec- tomy. Lens came away well. A little soft matter extruded after- wards	Favorable	None	Oct. 27th, 1893— + 3 Ds. = $\frac{0}{13}$ badly. + 1 Dc. + 7 Ds. = 2 J. badly. + 1 Dc. Large myopic crescent. Slight film in pupil. Oct. 22nd, 1893— + 10 D. = $\frac{0}{18}$ . + 15 D. = 1 J. at 10 in.
97	12	A. M. July 14th	F.	52	"	Left; extraction upwards without iridectomy. Lens came away fairly well. A good deal of soft cortex subsequently coaxed out. Pupil left not quite central. Eserine applied. Iris soon pro- lapsed. Prolapsed portion cut off an hour and a half after operation	Favorable	None	
97	13	M. M. July 14th	F.	71	"	Left; extraction upwards with iridec- tomy; capsule not freely opened; much soft matter expressed; larger opening made in capsule; nucleus of lens extruded and followed by some soft cortex	Favorable	None	Vision not noted.
106	14	A. B. July 28th	F.	68	"	Right; extraction upwards with iridec- tomy; lens large, much soft matter coaxed out; pupil left almost black	Favorable	Nov. 10th, '93— Needled. Mar. 2nd, '94— Vertical iridotomy None	March 8th, 1894— + 12 D. = $\frac{0}{34}$ . + 18 D. = 1 J. well.
103	15	J. S. July 28th	F.	75	"	Left; extraction upwards with iridec- tomy; capsule tough, and probably not freely opened; lens delivered slowly; pupil left black	Favorable		Aug. 21st— + 12 D. = $\frac{0}{18}$ . + 15 D. = 1 J.
109	16	R. V. Aug. 4th	F.	54	"	Left; extraction upwards with iridec- tomy; lens large, but delivered easily	Aug. 14th— Slight iritis	None	Nov. 9th, 1893— + 12 D. = $\frac{0}{18}$ . + 17 D. = 4 J.

	110	17	E. W. Aug. 4th	F. 71	"	Left; extraction upwards with iridec- tomy; lens large and flat, came away easily; free bleeding into anterior chamber	Favorable	—	Vision not noted.
	119	18	M. B. Nov. 3rd	F. 74	"	Right; extraction upwards without iridectomy; lens hard, came away nearly clean; iris went back almost perfectly without being touched. Eserine applied twice immediately after operation	Nov. 8th— Slight iritis	—	Feb. 2nd, 1894— + 11 D. = $\frac{27}{32}$ . + 18 D. = 2 J.
	118	19	J. L. Nov. 3rd	M. 63	"	Right; extraction upwards without iridectomy; lens moved very freely under cystitome, and would not present to gentle pressure; hook extraction with considerable loss of healthy vitreous; iris went back well	Nov. 21st— Quiet iritis	—	Vision not noted.
	83	20	S. C. Nov. 10th	F. 62	"	Right; extraction upwards; lens came out well; pupil left nearly black. Preliminary iridectomy had been performed on June 16th, 1893	Favorable	—	Nov. 30th, 1893— + 11 Ds. = $\frac{6}{32}$ . + 1 Dc. = $\frac{6}{32}$ . + 15 D. = 14 J.
	120	21	E. G. Nov. 10th	F. 66	"	Left; extraction upwards; as the section was completed patient gave a violent squeeze and shot out the lens in its capsule as well as a large quantity of healthy vitreous; specu- lum immediately removed; iris seemed to go back; eye much col- lapsed. Cataract was a well-marked Morgagnian one	Nov. 12th, 1893— Iris prolapsed	Nov. 18th, '93— Eye excised; a large hemor- rhage had occurred from choroidal vessels	—
	95	22	E. R. Nov. 10th	F. 72	"	Left; extraction upwards with iri- dectomy; section almost entirely in cornea; lens hard, came out almost perfectly clean	Favorable	None	Dec. 5th, 1893— + 9 D. = $\frac{6}{36}$ partly. + 13 D. = 12 J.
	124	23	E. P. Nov. 17th	F. 71	"	Left; extraction upwards without iri- dectomy; lens hard, came away almost clean; pupil left nearly central. Eserine applied twice immediately after operation	Favorable	Mar. 16th, '94— Needed	Feb. 12th, 1894— + 12 D. = $\frac{6}{36}$ . + 16 D. = 16 J.



Page in Bk. '93.	Report No.	Name and date.	Sex.	Age.	Anesthetic.	Operation.	Progress of case.	Secondary operation.	Result.
127	24	C. D. Nov. 17th	M.	55	Cocain	Left; extraction upwards with iridectomy; nucleus of lens came away easily; much soft cortex coaxed out subsequently.	Favorable	None	April 11th, 1894— + 11 D. = $\frac{0}{13}$ . + 15 D. = 1 J.
82	25	L. B. Nov. 24th	F.	54	"	Right; extraction upwards with iridectomy; nucleus of lens came away easily; much soft cortex afterwards coaxed out; pupil left black	Favorable	None	Dec. 18th, 1893— + 11 D. = $\frac{0}{18}$ . + 14 D. = 1 J.
131	26	M. S. Dec. 1st	F.	66	"	Right; upward extraction with iridectomy; capsule tough, not opened with cystitome; hook extraction; Lens hard and brittle; some lens matter left; a little healthy vitreous lost	Favorable	None	Jan. 26th, 1894— + 12 D. = $\frac{6}{18}$ . + 16 D. = 4 J. at 8 in.
101	27	C. C. Dec. 1st	M.	54	"	Right; extraction upwards; nucleus of lens came away easily, and was followed by much milky cortex. Preliminary iridectomy had been performed on July 29th, 1893	Favorable	None	Feb. 1st, 1894— + 12 D. = $\frac{0}{0}$ partly. + 16 D. = 1 J. at 10 in.

*Extractions of Hard Cataract.—Mr. Lawford's Cases (12).*

1	28	E. W. Jan. 2nd	F.	73	Cocain	Left; extraction upwards without iridectomy; incision at corneo-scleral junction; lens bulky, but came out fairly clean, and without difficulty; a little lens matter removed subsequently; pupil left nearly central. Eserine applied twice at end of operation	Favorable	None	Jan. 12th, 1893— + 10 D. = $\frac{0}{0}$ . + 16 D. = 12 J. badly.
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	5	A. M. Jan. 16th	P. 65	"	Right; extraction upwards with iridectomy; incision at corneo-scleral junction; lens hard and flat; some soft cortex subsequently extruded	Favorable	None	V. less than $\frac{a}{6}$ with any lens; + 6 D. = 14 J. badly. Myopic crescent. Choroidal change in yellow-spot region.
12	30	C. W. Feb. 27th	M. 69	"	Right; extraction upwards with iridectomy; lens, large and hard, came out clean; pupil left nearly black	March 3rd, '93— Purulent iritis. April 3rd— Iris drawn up to wound Favorable	Sept. 14th, '93— Iridectomy downwards	Sept. 22nd, 1893— + 12 D. = $\frac{a}{6}$ . + 16 D. = 20 J. Requires needling.
15	31	J. W. Mar. 20th	F. 57	"	Right; extraction upwards without iridectomy; nucleus of lens extruded without difficulty; a good deal of soft cortex subsequently removed. Eserine applied immediately after operation. Pupil left nearly central	Favorable	—	?
47	32	S. G. July 10th	F. 53	"	Left; extraction upwards without iridectomy; incision rather short. Some difficulty in extruding nucleus of lens; much soft matter subsequently removed; pupil left slightly displaced upwards. Eserine applied twice at end of operation	July 13th, 1893— Slight iritis	None	Nov. 22nd, 1893— + 11 D. = $\frac{1}{18}$ . + 16 D. = 1 J. at 9 in.
51	33	A. B. Aug. 21st	M. 62	"	Right; extraction upwards with iridectomy; iris fell over knife in making the section; edges were trimmed, leaving a good coloboma; lens came out well, followed by a good deal of soft cortex	Favorable	January 22nd, 1894— Needled	Feb. 8th, 1894— + 14 D. = $\frac{a}{18}$ . + 18 D. = 1 J.
54	34	F. S. Aug. 28th	M. 59	"	Right; extraction upwards; lens came out easily; a good deal of soft matter subsequently extruded. Preliminary iridectomy June 23rd, 1893	Favorable	Nov. 17th, 1893— Needled	Dec. 1st, 1893— + 10 Ds. = $\frac{a}{18}$ . + 1 Dc. = $\frac{a}{18}$ . + 14 D. = 10 J.

Page in Bk. '93.	Report No.	Name and date.	Sex.	Age.	Anæsthetic.	Operation.	Progress of case.	Secondary operation.	Result.
59	35	J. G. Sept. 7th	M.	62	Cocain	Left; extraction upwards; lens hard and brittle, came away with much difficulty; a little soft matter left in pupil. Iridectomy for chronic glaucoma had been performed nine months previously	Favorable	Oct. 30th, 1893— Iridectomy downwards	Feb. 22nd, 1894— + 9 D. = $\frac{3}{60}$ .
65	36	C. P. Sept. 27th	F.	38	"	Right; extraction upwards with iridectomy; lens nucleus expressed, leaving much soft matter, which was afterwards removed	Favorable	None	Oct. 26th, 1893— + 11 Ds. = $\frac{6}{13}$ . + 1 Dc. + 15 Ds. = 1 J. at 10 in. + 1 Dc.
72	37	E. G. Oct. 2nd	F.	66	"	Left; extraction upwards; in making section iris fell over knife, and was cut, leaving papillary border; lens extracted without difficulty; a good deal of soft matter subsequently extruded	Favorable	None	Nov. 8th, 1893— + 13 D. = $\frac{0}{13}$ partly. + 15 D. = 1 J. at 10 in.
83	38	J. C. Oct. 16th	M.	57	"	Right; extraction upwards without iridectomy; nucleus of lens came away easily; much soft matter subsequently coaxed out; iris replaced with spatula; pupil left slightly displaced upwards. Eserine applied twice at conclusion of operation	Favorable	None	Nov. 13th, 1893— + 8 Ds. = $\frac{0}{16}$ partly. + 2 Dc. + 13 Ds. = 6 J. at 8 in. + 2 Dc.
95	39	E. F. Dec. 6th	M.	68	Chloro- form	Right; extraction downwards without iridectomy; most of lens removed with scoop; small escape of vitreous; no prolapse of iris; dislocated lens partially opaque; secondary glaucoma	Dec. 11th— Small prolapse of iris in wound	Dec. 18th— Prolapsed iris removed	June 14th, 1894— + 10 D. = $\frac{4}{60}$ .

TABLE II.—*Soft Cataracts (14).—Mr. Nettleship's Cases (10).*

8	40	E. C. Jan. 31st	F. 29	Cocain	Left; curette extraction; incision in upper and inner part of cornea with keratome; about half of lens matter let out. Needled on Jan. 27th, 1893. Lamellar cataract	—	Dec. 8th, '93— Needled	Dec. 18th, 1893— + 10 D. = $\frac{6}{18}$ . + 13 D. = 1 J.
52	41	G. N. Jan. 20th	M. 14	"	Left; sparingly needled. Lamellar cataract	—	April 14th, '93— Needled. July 28th, '93— Needled. Dec. 7th, '93— Needled July 7th, '93— Needled. Dec. 1st, '93— Needled	Dec. 15th, 1893— + 15 D. = $\frac{6}{18}$ . + 18 D. = 1 J. at 10 in.
40	42	L. S. March 17th	F. 8	"	Right; needled sparingly. Lamellar cataract	—	—	Vision not noted.
59	43	W. H. May 29th	M. 12	"	Left; curette extraction; incision with keratome; good quantity of lens matter removed. Needled April 21st, 1893. Lamellar cataract	—	—	Nov. 14th, 1893— + 7 D. = $\frac{6}{18}$ . + 12 D. = 1 J. slowly.
60	44	C. C. April 21st	M. 9	"	Right; needled. Congenital cataract	—	June 16th, '93— Needled	+ 10 D. = $\frac{6}{18}$ . + 15 D. = 12 J. Rather stupid, and difficult to test.
74	45	E. H. June 16th	M. 23	"	Right; needled. Traumatic cataract	—	Nov. 24th, '93— Needled	Dec. 5th, 1893—Counts fingers at 5 feet. Much scarring of cornea. Grains of gunpowder embedded in it.
117	46	J. S. Nov. 3rd	M. 47	"	Right; needled. Traumatic cataract	—	Feb. 2nd, '94— Needled	May 22nd, 1894— + 10 D. = $\frac{6}{18}$ . + 15 D. = 1 J. at 9 in.
122	47	J. I. Nov. 10th	F. 17	"	Right; needling. Lamellar cataract	—	—	June 8th, 1894— + 11 D. = $\frac{6}{18}$ . + 15 D. = 1 J. at 10 in.

Page in Bk. '93.	Report	Name and date.	Sex.	Age.	Anæsthetic.	Operation	Progress of case.	Secondary operation.	Result.
136	48	T. A. Dec. 26th	F.	12	Ether	Left; curette extraction; incision with keratome in outer part of cornea; large quantity of lens matter let out. Needed. Lamellar cataract	—	—	Vision not noted.
137	49	R. F. Dec. 29th	M.	15	Cocain	Right; needed. Lamellar cataract	—	Jan. 9th, '94— Ether; curette extraction; incision with keratome in outer part of cornea; good deal of lens matter let out	Vision not noted.
18	50	F. B. April 6th	F.	23	Ether	Right; curette extraction; incision with keratome at outer part of cornea; lens capsule opened freely; lens matter evacuated with curette; pupil left greyish. Traumatic cataract. Secondary glaucoma	Slight iritis	—	May 24th, 1894— + 15 D. $\frac{6.0}{6.0}$ Membrane in pupil.
19	51	W. R. April 10th	M.	6	"	Left; needed freely. Lamellar cataract	—	April 20th, '93— Needed. Aug. 31st, '93— Needed.	—

*Soft Cataracts.—Mr. Lawford's Cases (4).*



38	52	G. H. May 29th	M. 23	Cocain	Right; curette extraction; incision with keratome in cornea down and out; greater part of lens matter removed; iris left free. Traumatic cataract	July 13th, 1893— T. + 2	July 17th, '93— Incision with keratome in lower and outer part of cornea. A good deal of lens matter evacuated with curette	Nov. 9th, 1893— + 12 D. = $\frac{9}{18}$ . + 16 D. = 1 J.
90	53	E. P. Nov. 20th	M. 29	"	Left; curette extraction; incision with keratome in upper part of cornea; a good deal of lens matter came away. Needled Nov. 13th, 1893. Congenital cataract	—	—	June 14th, 1894— + 11 D. = $\frac{9}{9}$ . + 14 D. = 1 J. at 10 in.



R E P O R T  
OF THE  
DEPARTMENT FOR DISEASES OF THE SKIN,  
1892.

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By W. BAMFORD WINSTON,  
CLINICAL ASSISTANT.



[illegible]



Disease.	Jan.		Feb.		March		April		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.		Totals.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
CLASS VIII.—Morbi appendix:																													
Sebaceous glands:																													
Strophulus														1												1	0	1	
Sborrhoea		4	1				2	1				2		2			2	2								5	13	18	
Comedones																										1	0	1	
Aene vulgaris			1	3	1		1	1		1	2			1	2	1	3	1	3	1				2		14	10	24	
" rosacea			1	1	4		3	1		1	1							1	1			3				3	14	17	
" varioliformis																						1				1	0	1	
Hair-follicles:																													
Alopecia universalis																										1	0	1	
" areata		2	4	1	1		2	1	4		4	2	1	2		2	2	2	3	1	2	3	4	3		29	17	46	
Sycosis																										2	0	2	
Folliculitis												1														1	1	2	
Peritoliculitis of Leloir																		1								0	1	1	
Sweat-glands:																													
Nails:																													
CLASS IX.—Parasitice:																													
A. Vegetable:																													
Tinea tonsurans		1	1	4		1					2	2	3	2	4		1		3	3	2	2	5	2	5	1	31	13	44
" circinata			1											1			2		3				1	1	1	3	8	11	
" versicolor														1	1											1	2	3	
B. Animal:																													
Scabies		2	1	1		3	1	3	3	1	1	5		4	2	1		2	1			1	5		3	1	30	11	41
Pediculosis capitis					2	2				1	1		3					3		1						3	12	15	
" corporis		2	1							2	1			1		1		5	1	2	1	1				16	2	18	
UNCLASSIFIED:																													
Ulerythema sycosis										1																1	0	1	
																									366	358	724		

TABLE II.—*Ages in certain Diseases.*

		Under 1 year.	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90
Eczema	M.	14	18	14	27	13	14	13	11	8	5	0
	F.	7	9	26	26	26	11	14	12	9	1	1
	Total	21	27	40	53	39	25	27	23	17	6	1
Eczema pustulosum	M.	3	5	5	8	3	1	...	...	...	...	...
	F.	3	4	6	3	2	1	...	...	...	...	...
	Total	6	9	11	11	5	2	...	...	...	...	...
Impetigo	M.	...	2	0	5	1	0	1	0	...	...	...
	F.	...	1	1	0	0	0	0	1	...	...	...
	Total	...	3	1	5	1	0	1	1	...	...	...
Psoriasis	M.	...	1	3	5	7	2	3	1	1	...	...
	F.	...	0	7	12	8	4	1	1	1	...	...
	Total	...	1	10	17	15	6	4	2	2	...	...
Urticaria	M.	2	0	1	3	2	0	0	1	0	...	...
	F.	2	1	1	1	4	1	2	1	1	...	...
	Total	4	1	2	4	6	1	2	2	1	...	...
Alopecia	M.	...	1	3	23	3	1	1	0	...	...	...
	F.	...	0	3	6	1	2	2	1	...	...	...
	Total	...	1	6	29	4	3	3	1	...	...	...
Tinea tonsurans	M.	2	11	14	4	1	...	...	...	...	...	...
	F.	1	2	10	0	0	...	...	...	...	...	...
	Total	3	13	24	4	1	...	...	...	...	...	...



R E P O R T  
OF THE  
DEPARTMENT FOR DISEASES OF THE SKIN,  
1893.

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By J. W. HEWETT, L.R.C.P., M.R.C.S.





*Diseases due to pus cocci:*

Impetigo contagiosa	2	1	1	2	1	2	2	1	2	1	1	14	4	18
Ecthyma	1	1	1	1	1	1	1	1	1	1	1	2	0	2
Furunculus	1	1	1	1	1	1	1	1	1	1	1	0	1	1
Herpes zoster	1	1	1	2	1	1	1	1	1	1	1	2	5	7
Penphigus	2	1	1	1	1	1	1	1	1	1	1	0	4	4
Cheirpompholyx	1	1	1	1	1	1	1	1	1	1	1	0	1	1
Lichen planus	1	1	1	2	1	1	1	1	1	1	1	2	1	3
" rubra	1	1	1	1	1	1	1	1	1	1	1	2	0	2
" urticatus	1	1	1	1	1	1	1	1	1	1	1	1	0	1
" scrofulosum	1	1	1	1	1	1	1	1	1	1	1	0	1	1
Dermatitis herpetiformis	1	1	1	1	1	1	1	1	1	1	1	1	0	1
Pityriasis rubra	1	1	1	1	1	1	1	1	1	1	1	2	0	2
Keratosis palmaris	1	1	1	1	1	1	1	1	1	1	1	1	0	1

CLASS III.—*Hæmorrhagia:*

Purpuric erythema

1

CLASS IV.—*Hypertrophix:*

(1) Keloid

1

(2) Xeroderma

1

Ichthyosis

1

Melanoderma

5

Scleroderma

2

CLASS V.—*Atrophix:*

Xanthelasma palpebre

1

Leucoderma

2

CLASS VI.—*Neoplasmata:*

Molluscum contagiosum

3

Lupus vulgaris

10





TABLE II.—*Ages in certain Diseases.*

	Under i.	1 to 5.	5 to 10.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	Totals.
Eczema (all forms) .	8	M 16 F 12	M 6 F 15	M 19 F 12	M 11 F 20	M 6 F 16	M 6 F 8	M 5 F 9	M 5 F 4	M 1 F 2	M 83 F 98
Total .	8	28	21	31	31	22	14	14	9	3	181
Psoriasis .	M 0 F 0	M 0 F 0	M 0 F 3	M 2 F 19	M 5 F 8	M 4 F 6	M 0 F 4	M 4 F 2	M 1 F 2	M 0 F 2	M 0 F 4
Total .	0	0	5	24	12	6	8	3	2	0	60
Urticaria .	M 0 F 0	M 0 F 2	M 1 F 0	M 1 F 0	M 4 F 5	M 0 F 4	M 1 F 4	M 2 F 0	M 0 F 0	M 0 F 0	M 0 F 1
Total .	0	3	1	4	5	5	2	0	0	0	20
Acne rosacea .	M 0 F 0	M 0 F 0	M 0 F 0	M 0 F 0	M 1 F 0	M 1 F 6	M 1 F 2	M 0 F 1	M 0 F 1	M 0 F 0	M 3 F 9
Total .	0	0	0	1	1	7	2	1	0	0	12
Acne vulgaris .	11 cases, all between 15 and 30										
Alopecia .	M 0 F 0	M 0 F 0	M 0 F 3	M 4 F 7	M 9 F 5	M 5 F 3	M 1 F 0	M 0 F 0	M 0 F 0	M 0 F 0	M 19 F 18
Total .	0	0	7	16	10	4	0	0	0	0	37
Tinea tonsurans .	2	14	19	9	0	0	0	0	0	0	44
Pemphigus .	1	2	1	0	0	0	0	0	0	0	4

STATISTICS  
OF  
THROAT DEPARTMENT OF ST. THOMAS'S  
HOSPITAL  
IN  
1892 AND 1893.

---

THE following statistics have been compiled by Mr. W. P. Purvis, M.B., Clinical Assistant to the Department in 1893. They do not call for any special comment, and it only remains for me to thank Mr. Purvis for the industry and accuracy with which he has accomplished his by no means easy task.

FELIX SEMON.



1892.

*Total Number of New Cases treated during 1892.*

	Male.	Female.	Total.
A. Pharyngeal . . . . .	309	353	662
B. Laryngeal . . . . .	90	112	202
C. Nasal, &c. . . . .	10	16	26
D. Buccal, Aural, and Œsophageal . . . . .	6	6	12
E. General and Miscellaneous . . . . .	18	43	61
Grand total . . . . .	433	530	963

*A. Pharyngeal Affections.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Acute pharyngitis . . . . .	42	49	91
2. Chronic pharyngitis . . . . .	25	48	73
3. Acute tonsillitis . . . . .	139	144	283
4. Chronic tonsillitis and hypertrophy of tonsils . . . . .	35	31	66
5. Acute uvulitis . . . . .	2	—	2
6. Elongated uvula . . . . .	2	—	2
7. Syphilis { <i>a.</i> Congenital . . . . .	1	2	3
<i>b.</i> Secondary . . . . .	22	20	42
<i>c.</i> Tertiary . . . . .	5	9	14
8. Necrosis of hard palate . . . . .	1	—	1
9. Adenoid vegetations . . . . .	35	50	85
15 male and 17 female patients are described as having enlarged tonsils as well as adenoids.			
Totals . . . . .	309	353	662

B. *Laryngeal and Tracheal Affections.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Acute laryngitis (including simple catarrh) . . . . .	10	13	23
2. Subacute laryngitis . . . . .	39	53	92
3. Chronic laryngitis . . . . .	14	9	23
4. Tracheal ozæna ? . . . . .	—	1	1
5. Laryngeal tuberculosis . . . . .	14	6	20
	and 1 doubt- ful case		(? 21)
6. Syphilis (tertiary ulceration). . . . .	1	1	2
7. Stenosis (syphilitic) . . . . .	—	1	1
8. Neoplasms {	a. Papillomata . . . . .	1	2
	b. Fibroma . . . . .	1	1
	c. Of doubtful nature . . . . .	2	2
	d. Malignant . . . . .	2	2
9. Paralysis . {	a. Of recurrent laryngeal . . . . .	1	3
	b. Of abductors . . . . .	3	3
	c. Of adductors (hysterical aphonia) . . . . .	19	21
10. Œdema . . . . .	2	—	2
11. Foreign body in larynx . . . . .	1	—	1
12. Pachydermia ? . . . . .	—	1	1
13. Swelling of cushion of epiglottis . . . . .	1	—	1
Totals . . . . .	90	112	202

C. *Affections of the Nose and Accessory Cavities.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Epistaxis . . . . .	3	2	5
2. Ozæna . . . . .	3	—	3
3. Acute catarrh . . . . .	1	1	2
4. Chronic catarrh . . . . .	1	4	5
5. Mucous polypi . . . . .	—	4	4
6. Loss of taste and smell . . . . .	1	—	1
7. Ulceration of nose of doubtful nature . . . . .	1	—	1
8. Lupus . . . . .	—	2	2
9. Eczema of anterior nares . . . . .	—	1	1
10. Empyema of antrum . . . . .	—	1	1
11. Disease of frontal sinuses . . . . .	—	1	1
Totals . . . . .	10	16	26

*D. Buccal, Esophageal, and Aural Affections.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Leukoplakia . . . . .	1	—	1
2. Stomatitis . . . . .	2	2	4
3. Enlargement of lingual tonsil . . . . .	—	1	1
4. Thrush . . . . .	—	1	1
5. Globus hystericus . . . . .	—	1	1
6. Supposed foreign body swallowed . . . . .	2	—	2
7. ? Carcinoma of œsophagus . . . . .	1	—	1
8. Old mastoid disease . . . . .	—	1	1
Totals . . . . .	6	6	12

*E. General and Miscellaneous Affections.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Anæmia . . . . .	1	2	3
2. Myxœdema . . . . .	—	1	1
3. Scarlet fever ? . . . . .	1	—	1
4. Influenza . . . . .	—	1	1
5. Phthisis . . . . .	1	—	1
6. Broncho-pneumonia . . . . .	1	—	1
7. Bronchitis . . . . .	1	3	4
8. Bronchiectasis . . . . .	1	—	1
9. Dyspepsia . . . . .	1	1	2
10. Bulbar paralysis (disseminated sclerosis) . . . . .	1	—	1
11. Stammering . . . . .	1	1	2
12. Goitre { <i>a.</i> Parenchymatous . . . . .	—	6	6
<i>b.</i> Cystic . . . . .	—	3	3
<i>c.</i> Exophthalmic . . . . .	—	1	1
13. Enlarged glands of neck . . . . .	3	2	5
14. Ditto suppurating . . . . .	1	—	1
15. Muscular rheumatism of neck . . . . .	—	1	1
16. Nothing abnormal detected (mostly neurotic) . . . . .	5	20	25
17. Ascarides crawling from mouth . . . . .	—	1	1
Totals . . . . .	18	43	61

## 1893.

*Total Number of New Cases treated during 1893.*

	Male.	Female.	Total.
A. Pharyngeal . . . . .	362	396	758
B. Laryngeal . . . . .	57	72	129
C. Nasal . . . . .	19	34	53
D. Buccal, Aural, and Œsophageal . . . . .	9	13	22
E. General and Miscellaneous . . . . .	27	69	96
Grand total . . . . .	474	584	1058

*A. Pharyngeal Affections.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Acute pharyngitis . . . . .	68	41	109
2. Chronic pharyngitis . . . . .	18	25	43
3. Acute tonsillitis . . . . .	147	148	295
4. Subacute tonsillitis . . . . .	21	16	37
5. Chronic tonsillitis and hypertrophy of tonsils . . . . .	29	65	94
6. Ulcerative tonsillitis . . . . .	5	6	11
7. Peritonsillar abscess . . . . .	12	14	26
8. Ulcer on uvula of doubtful nature . . . . .	2	—	2
9. Elongated uvula . . . . .	1	—	1
10. Syphilis {	—	2	2
	20	20	40
	9	9	18
11. Post-diphtheritic paralysis . . . . .	1	2	3
12. Excessive secretion of mucus . . . . .	—	1	1
13. Adenoid vegetations . . . . .	28	47	75
9 male and 8 female patients are described as having enlarged tonsils as well as adenoids.			
14. Naso-pharyngeal polyp . . . . .	1	—	1
Totals . . . . .	362	396	758

B. *Laryngeal Affections.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Acute laryngitis . . . . .	22	30	52
2. Subacute laryngitis . . . . .	9	10	19
3. Chronic laryngitis . . . . .	3	10	13
4. Tuberculosis of the larynx . . . . .	9	3	12
5. Syphilis of the larynx { <i>a.</i> Secondary . . . . .	1	1	2
<i>b.</i> Tertiary . . . . .	—	2	2
6. Neoplasms { <i>a.</i> Papilloma . . . . .	1	—	1
<i>b.</i> Malignant . . . . .	1	—	1
<i>c.</i> Tubercular tumour . . . . .	1	—	1
<i>d.</i> Of doubtful nature . . . . .	—	1	1
7. Paralysis { <i>a.</i> Of recurrent laryngeal . . . . .	1	—	1
<i>b.</i> Of abductor . . . . .	1	1	2
<i>c.</i> Of adductors (hysterical aphonia) . . . . .	4	13	17
8. Pachydermia . . . . .	1	—	1
9. Change of voice at puberty . . . . .	1	—	1
10. Laryngismus stridulus . . . . .	1	—	1
11. Stridor, ? cause . . . . .	—	1	1
12. Aphonia, ? cause . . . . .	1	—	1
Totals . . . . .	57	72	129

c. *Affections of the Nose and Accessory Cavities.*

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Epistaxis . . . . .	—	1	1
2. Ozaena . . . . .	1	2	3
3. Atrophic rhinitis . . . . .	—	1	1
4. Hypertrophic rhinitis . . . . .	3	6	9
5. Chronic rhinitis . . . . .	—	2	2
6. Acute nasal catarrh . . . . .	8	9	17
7. Mucous polypi . . . . .	5	6	11
8. Hay fever . . . . .	—	1	1
9. Tuberculosis of mucous membrane . . . . .	—	1	1
10. Ulceration of doubtful nature . . . . .	—	1	1
11. Necrosis of inferior turbinated bone . . . . .	1	—	1
12. „ septum . . . . .	—	1	1
13. Anosmia and parosmia . . . . .	1	—	1
14. Empyema of antrum . . . . .	—	2	2
15. Supposed “maggots in frontal sinus” . . . . .	—	1	1
Totals . . . . .	19	34	53



## D. Buccal, Esophageal, and Aural Affections.

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Stomatitis (ulcerative) . . . . .	3	3	6
2. Gingivitis . . . . .	1	—	1
3. Thrush . . . . .	—	1	1
4. Glossitis . . . . .	—	1	1
5. Periostitis of inferior maxilla . . . . .	—	2	2
6. Epithelioma of soft palate . . . . .	1	—	1
7. Carcinoma of œsophagus . . . . .	1	—	1
8. Obstruction of œsophagus of doubtful nature . . . . .	1	—	1
9. Supposed foreign body swallowed . . . . .	1	2	3
10. Otitis media . . . . .	1	2	3
11. Cerumen, &c., in external meatus . . . . .	—	2	2
Totals . . . . .	9	13	22

## E. General and Miscellaneous Affections.

Disease.	Number of patients.		
	Male.	Female.	Total.
1. Influenza . . . . .	6	—	6
2. Bronchitis . . . . .	3	6	9
3. Anæmia . . . . .	—	12	12
4. Scarlet fever . . . . .	3	—	3
5. Diphtheria . . . . .	—	1	1
6. Parotitis . . . . .	—	1	1
7. Phthisis ? . . . . .	1	—	1
8. Cretinism . . . . .	—	1	1
9. Dyspepsia . . . . .	—	3	3
10. Chronic constipation . . . . .	—	1	1
11. Stammering . . . . .	1	—	1
12. Rheumatism of temporo-maxillary joint . . . . .	2	—	2
13. Debility . . . . .	—	3	3
14. Enlarged cervical glands . . . . .	3	3	6
15. Ditto syphilitic . . . . .	1	—	1
16. Goitre { <i>a.</i> Parenchymatous . . . . .	2	8	10
{ <i>b.</i> Cystic . . . . .	—	1	1
17. Pediculi capitis, adenitis . . . . .	1	1	2
18. Headache . . . . .	1	1	2
19. Neurotic, nothing abnormal detected . . . . .	3	27	30
Totals . . . . .	27	69	96



# REPORT

## OF THE

### A U R A L   D E P A R T M E N T

FOR THE YEARS 1891 AND 1892.

By RICHARD LAKE, F.R.C.S.

DURING the years 1891 and 1892 there were 1280 new patients, 592 in 1891 and 688 in 1892. Of these 26 were cases of nasal disease uncomplicated with ear disease. During the two years 180 operations were performed in the out-patient room; a detailed list is given, Sect. E. These necessarily do not include the more serious operations of aural surgery, such as operations on the mastoid or for intracranial complications of ear disease, as these patients are sent, of course, to the surgical wards for treatment.

	1891.		1892.	
	Males.	Females.	Males.	Females.
<b>A. EXTERNAL EAR AND MEATUS.</b>				
Cerumen . . . . .	25	17	37	19
Eczema . . . . .	0	9	5	5
Abscess of meatus . . . . .	0	1	5	5
Aural exostosis . . . . .	3	0	2	1
Foreign bodies (wool 1, stud top 1, bead 2) . . . . .	2	1	0	1
Papilloma of meatus . . . . .	2	1	0	0
Injury to meatus . . . . .	2	1	0	0
Mastoid abscess (periosteal) . . . . .	1	2	1	2
Inflammation of meatus . . . . .	0	0	1	0
<b>Total . . . . .</b>	<b>35</b>	<b>22</b>	<b>51</b>	<b>33</b>

	1891.		1892.	
	Males.	Females.	Males.	Females.
<b>B. DISEASES OF MIDDLE EAR.</b>				
Acute myringitis . . . . .	0	0	1	2
Chronic myringitis . . . . .	2	0	0	1
Rupture of membrana tympani . . . . .	4	1	0	2
Acute otitis media:				
Without perforation . . . . .	5	4	5	4
With perforation . . . . .	18	10	21	24
Chronic otitis media . . . . .	53	54	45	47
Do., with suppuration . . . . .	131	120	166	150
Adenoid vegetations . . . . .	11	12	7	15
Eustachian obstruction . . . . .	18	19	25	18
Otalgia . . . . .	3	9	1	2
Cicatricial membrana tympani . . . . .	3	3	2	6
Senile . . . . .	5	1	3	2
Total . . . . .	253	233	276	273
<b>C. INTERNAL EAR.</b>				
Menière's disease . . . . .	1	0	0	0
Syphilis . . . . .	3	2	2	8
Degeneration of 8th nerve . . . . .	5	2	6	10
Nerve tinnitus . . . . .	2	3	1	5
Nerve disease following rheumatism . . . . .	0	1	0	0
Nerve disease following meningitis . . . . .	0	1	0	3
Hysteria . . . . .	0	0	0	1
Aural vertigo . . . . .	8	4	6	2
Deaf-mutism . . . . .	1	0	1	0
Total . . . . .	20	13	16	29
<b>D. MISCELLANEOUS.</b>				
Especially nasal cases . . . . .	6	10	6	4
<b>E. OPERATIONS.</b>				
Removal of adenoid vegetations . . . . .	29	32	24	27
" of aural polypi . . . . .	12	7	12	9
Incision of membrana tympani . . . . .	0	1	4	4
Opening mastoid abscess . . . . .	1	1	0	2
Division of adhesions . . . . .	0	1	0	0
Incision of meatal abscess . . . . .	4	0	6	3
Division of stapedius tendon . . . . .	0	0	0	1
Total . . . . .	46	42	46	46

The following cases are amongst those of especial interest which have presented themselves in the Aural Department at St. Thomas's during the last years.

CASE 1. *Hæmorrhage into the left membrana tympani*.—W. B—, æt. 63, was able to hear quite well up to eight days before he presented himself for treatment. Whilst at work eight days ago he was seized with a violent fit of coughing, and became suddenly deaf with severe tinnitus. On examination both membranes were very congested, and there was evident hæmorrhage into the left tympanic membrane in the upper posterior segment. The watch was not heard on contact, but the tuning-fork reaction proved that there was no nerve lesion. He recovered his hearing under the application of the air douche and tonics. With regard to this accident, Hartman describes a somewhat similar case and gives severe concussion as its origin, and Urbanschitsch goes very fully into the point and says he has frequently seen it after the use of the air douche; and as in these cases there was previously a diseased state of the membrane, one may fairly assume that an intra-lamellar hæmorrhage would not occur in a normal membrane.

CASE 2. *Concussion of the labyrinth*.—A. B—, a soldier, was at fire drill in barracks when by accident he was struck obliquely on the side of the head and ear by the water from the fire-hose; the nozzle was three-eighths of an inch in diameter, the water in the hose having a pressure of 143 lbs. to the square inch. He had a strong "offset" staff in his hand and so saved himself from falling. He became instantly deaf in that ear, and noticed some bleeding for a few hours. There is troublesome tinnitus, with absolute nerve deafness which is incurable. There is a minute perforation in the posterior inferior segment of the left membrane, which is also retracted. Very little is to be said here, for these cases, if they do recover, seem to do better with complete rest than everything else.

CASE 3. *Tubercular otitis media*—(Plate VII, fig. 5, vol. xix).—The patient, a woman of 37, who suffered from



pulmonary tuberculosis, had also suffered with otitis media purulenta for fourteen years at varying intervals. There was a large destruction of the membrane in the lower half, and the tympanic cavity was seen to be lined with a yellowish-grey sloughy mucous membrane. After a patient use of antiseptic treatment with no result she was finally completely cured by the local application of lactic acid. The patient was unable to use Lotio Hydrargyri Perchlor. 1 in 4000 on account of the smarting it caused in the side of the tongue from query irritation of the chorda tympani.

CASE 4. *Rupture of the membrana tympani from a fall on the head.*—The patient was thrown off a van on to his head, and besides cerebral concussion he had hæmorrhage from his ear. He applied at the hospital seven weeks later for relief from severe vertigo; an examination of the ear showed an old rupture of the membrane in the lower posterior segment. He was cured of the vertigo by the internal administration of iodide of potassium and the use of the air douche. The vertigo was most marked when he turned the head quickly. (Plate VII, fig. 2, vol. xix.)

# St. Thomas's Hospital MEDICAL SCHOOL.

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## CALENDAR AND PROSPECTUS

FOR THE

YEAR COMMENCING OCTOBER 1ST, 1893.



1893 & 1894.

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# THE ST. THOMAS'S HOSPITAL AMALGAMATED CLUBS.

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The several Students' Clubs were amalgamated in July, 1888, and are maintained by the subscriptions of the Members, and by a yearly grant from the Medical and Surgical Officers and Lecturers.

The Amalgamated Clubs comprise the Students' Club, the Medical and Physical Society, the St. Thomas's Hospital Gazette, and the following Clubs :—Athletic, Cricket, Cross Country, Football (Rugby and Association), Lawn Tennis, Rifle, Rowing, and Swimming.

All Students are strongly advised to join the Amalgamated Clubs when they enter the Medical School.

The Annual Subscription to the Amalgamated Clubs is Two Guineas. After the payment of five consecutive subscriptions the Student becomes a Life Member.

Life Membership may be compounded for in the first year by payment of Seven Guineas ; in other years, by payment of Six Guineas.

New Club premises adjoining the Medical School are in course of erection, and contain a Dining Room (51 ft.  $\times$  39 ft.) ; a Smoking and Reading Room (distinct from the School Library), 51 ft.  $\times$  29 ft., supplied with Daily and Illustrated Weekly Papers. A Cloak Room, with Lavatory and Bath Rooms, is attached.

Subscriptions or Composition Fees may be paid to the Medical Secretary, Mr. G. RENDLE, or the Librarian, Mr. G. S. SAUNDERS.

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## MEDICAL SCHOOL.

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A Register of LODGINGS suitable for Students has been recently revised, and is kept in the Secretary's Office. Information as to terms, accommodation, &c., can be obtained on application. This Register has been especially prepared with a view to the convenience of new Students for whose accommodation in lodgings or otherwise no definite arrangements have been made.

Medical Practitioners, Clergymen, and Private Families residing in the neighbourhood receive Students for residence and supervision.

For information on all matters relating to the Medical School, Prizes, Scholarships, &c., application should be made to the Medical Secretary, Mr. G. RENDLE, at the Hospital, Albert Embankment, S.E., personally (10 to 4, Saturday, 10 to 1) or by letter.



# St. Thomas's Hospital

## MEDICAL SCHOOL.

The WINTER SESSION 1893-94 will commence on Tuesday, October 3rd, and terminate on March 31st.

The SUMMER SESSION will begin on May 1st, and terminate on July 31st.

The Prizes will be distributed by THE RIGHT HON. LORD THRING, K.C.B., in the Governors' Hall on TUESDAY, October 3rd, at 3 P.M. During the afternoon the various Departments of the Hospital and School will be open for the inspection of Visitors.

Refreshments will be provided in the Library.

The Annual Dinner, in which all former and present Students are invited to join, will take place the same evening at the Hotel Metropole, at 6 for 6.30 o'clock, A. O. MACKELLAR, Esq., in the Chair.

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THE first Hospital of St. Thomas, within the precinct of the Priory of St. Mary Overie, being destroyed by fire in the year 1207, the prior and convent erected in the same year near the site of their house a temporary hospital. This building was in the emergency used for religious purposes; mass was said there until the priory was rebuilt. In 1228 Peter de Rupibus, Bishop of Winchester, built the Hospital of St. Mary or St. Thomas, Overie, on the opposite or eastern side of the highway, on land provided by Amicius, Archdeacon of Surrey, and dedicated it to St. Thomas the Martyr.

The following is a translation of the "charter" of 1228:—

"The Lord Peter's charter of indulgence for twenty days granted by him for this hospital.

"Peter, by the grace of God Bishop of Winchester, to all the faithful in Christ in the diocese of Winchester, greeting. In Him who is the salvation of the faithful. As saith the Apostle, bodily discipline which consists in fasts, vigils, and other mortifications of the flesh, profiteth little, while piety availeth for all things, having the promise of the life which now is, and of that which is to come.

"Our Lord Jesus Christ among the works of piety enumerates, commends, and teaches us to fulfil six, as though more praiseworthy and more meritorious than the rest, saying, 'I was an hungred, and ye gave Me to eat; I was thirsty, and ye gave Me to drink; I was a stranger, and ye took Me in; I was naked, and ye clothed Me; I was sick, and ye visited Me; in prison, and ye came to Me.' To them that

perform these works of piety He shall grant His blessing and the glory of His heavenly kingdom, saying, 'Come, ye blessed of My Father, receive the kingdom which has been prepared for you from the beginning of the world.' But to them that neglect and do not perform works of compassion He threatens His curse and the penalty of eternal fire, saying, 'Go, ye cursed, into eternal fire, which has been prepared for the devil and his angels.' It is therefore to be borne in mind, my dearest sons, and more deeply laid to heart, how needful and how conducive to the salvation of our souls it is to exercise more readily those works of piety whereby blessing is promised to us, and the felicity of eternal life is gained.

"Behold at Southwark an ancient hospital, built of old, to entertain the poor, has been entirely reduced to cinders and ashes by a lamentable fire. Moreover, the place wherein the old hospital had been founded was less suitable, less appropriate for entertainment and habitation, both by reason of the straitness of the place, and by reason of the lack of water and of many other conveniences: according to the advice of us, and of wise men, it is transferred and transplanted to another more commodious site, where the air is more pure and calm, and the supply of waters more plentiful. But whereas this building of the new hospital calls for many and manifold outlays, and cannot be crowned with its due consummation without the aid of the faithful, we request, advise, and earnestly exhort you all, and with a view to the remission of your sins enjoin you, according to your abilities, from the goods bestowed on you by God, to stretch forth the hand of pity to the building of this new hospital, and out of your feelings of charity to receive the messengers of the same hospital coming to you for the needs of the poor to be therein entertained, that for these and other works of piety you shall do, you may, after the course of this life, reap the reward of eternal felicity from Him who is the Recompenser of all good deeds, and the loving and compassionate God. Now we, by the mercy of God, and trusting in the merits of the glorious Virgin Mary, and the Apostles Peter and Paul, and St. Thomas the Martyr, and St. Swithin, to all the believers in Christ, who shall look with the eye of piety on the gifts of their alms—that is to say, having confessed, contrite in heart and truly penitent, we remit to such twenty days of the penance enjoined on them, and grant it to them to share in the prayers and benefactions made in the church of Winchester, and other churches erected by the grace of the Lord in the diocese of Winchester. Ever in the Lord; Farewell."

The Bishop of Winchester or the Archbishop seems to have granted, in 1277, to the Brethren power to elect their own Master; in a visitation, 1323, they are ordered to follow the rule of St. Augustine—the rule of the parent house—in obedience, chastity, renunciation of individual property, and the Master to eat with the Brethren.

In 1417 the Master and Brethren formed a Court of themselves, and exercised authority within the precincts of the Hospital over persons regular or secular, and in cases civil or even criminal.

The hospital, built in 1228, had by 1507 become dilapidated and insufficient; great efforts were then made to rebuild and enlarge it.

In the Duchy of Lancaster records there is "the Rentall of Thomas Becketts hospitall in Southwarke, of all the lands and tenements belonging to the hospitall." It contains the names of the tenants and the rents paid; it is without date, but from internal evidence must be early in the sixteenth century.

Within the precincts of the hospital was the renowned printing press of James Nycolson, who, in 1527, signed the contract for the painted windows of King's College, Cambridge, as "James Nycolson, of St. Thomas's Spytell in Southwark." The most remarkable issue from this press was the first English Bible printed in England, inscribed thus—"Imprynted in Southwarke in St. Thomas Hospitale by James Nycolson. Dedicated by M. Coverdale to the King 1537."

About this time there were a Master, Brethren, and three Lay Sisters; forty beds were made up for poor, infirm, and impotent people, who were supplied with victuals and firing.

In the year 1535, Henry VIII. was excommunicated by Pope Paul III., and, declaring himself head of the church, proceeded to dissolve the Catholic houses, whose large revenues went to the Crown. There seem to have been 645 monasteries and abbeys thus treated, twenty-eight of which had abbots with seats in Parliament, ninety colleges and free chapels, and 110 hospitals of various descriptions. It is certainly in favour of the sweeping change that so able and honest a man as Sir Richard Gresham, the Lord Mayor of London, should have put his hand to the following petition to the King:

"Most redowted, puyasant, and noble Prince \* \* \* \*—here and within the cytie of London be iij hospitalls or spytells commonly called Seynt Georges Spytell, Seynt Barthilmews Spytell, and Seynt Thomas Spytell, and the new Abbey of Tower Hill, founded of good devotion by auncient fathers, and endowed with great possessions and rents only for the reliefe, comferte, and helping of the poore and impotent people lying in every street, offending every clene person passing by the way with theyre fylthy and nasty savors. Wherefore may it please your merciful goodness, enclyned to pytie and compassion, for the reliefe of Xts very images, created to his own similitude, to order by your high authoritie, as supreme head of this Church of England, or otherwise by your sage discrecion, that your mayer of your cytie of London, and his brethren the aldermen for the time being, shall and may from henceforth have the order, disposition, rule and governaunce both of all the lands, tenements, and revenues apperteynyng and belongyn to the said hospitals, governors of them, and of the ministers which be or shall be withyn any of them, and then your grace shall facillie perceyve that where now a small number of Chanons, Priests, and Monkes be founde for their own profit only, and not for the common utilitie of the realme, a great number of poore, needy, syke and indigent persones shall be refreshed, maynteyned, and comforted: and also healed and cured of their infermities frankly and freely by physicions, surgeons and potycaries, which shall have stipende and salarie only for that purpose; so that all impotent persones not able to labour shall be releved, and all sturdy beggars not willing to labour shall be punished."



St. Thomas's Hospital being claimed by the King as Church property, was surrendered to him by Thomas Thirleby, the then master, on the 15th July, 1538. It was called St. Thomas à Becket's Spittil. Its yearly revenue was estimated at £266 17s. 6d., and an annual pension of 5s. 8d. was payable by the master, and another of 2s. 1d. by the curate, to the Archdeacon of Surrey. Soon after the seizure, we find that the citizens of London purchased of the Crown some of its landed estates, producing about £160 yearly. The want of the hospital thus destroyed was felt immediately. Wounded soldiers from the army in France, and the sick poor in general were without provision or help, and Henry proposed granting to the city the Mansion house of St. Bartholomew's, the dissolved house of Grey Friars adjoining, and the unoccupied fabric of St. Thomas's Hospital. The latter was intended by Henry to receive the name of the Hospital of the Holy Trinity, and to be allotted exclusively to lame, wounded, and diseased soldiers. The monastery of Grey Friars was to be for the education and maintenance of fatherless children and those of poor parents. The intentions of Henry were overtaken by death, but not before he had conferred upon the citizens of London the Hospital of St. Bartholomew's and also that of Bethlem for lunatics.

It is from the death of Henry that the connection of St. Thomas's Hospital with the City of London appears to begin. To meet the needs of the sick and destitute who had before depended on the charity of the religious houses, a Committee or Board of Inquiry was instituted by the citizens, with the sanction of King Edward. About 2,100 souls were reported as fit recipients of relief, as fatherless children and invalids, or as "Idle rogues of both sexes who were levying contributions on public sympathy by feigned tales of sorrow." It was proposed to establish receptacles for each class in the unoccupied monastic buildings, and a pecuniary contribution was set on foot to complete the work. They bought the dissolved house of the Franciscans or Grey Friars near St. Bartholomew's Hospital, and also by charter from the King received a grant as follows: "That the said mayor, commonalty, and citizens, and their successors, may have and enjoy all the franchises, immunities, and privileges whatever, which any Archbishop of Canterbury, and which the said Charles late Duke of Suffolk, or any master, brethren, or sisters of the late Hospital of St. Thomas in Southwark aforesaid; or any Abbot of the said monastery of St. Saviour, Saint Mary Bermondsey, next Southwark aforesaid, or any prior and convent of the priory of St. Mary Overie, ever had or enjoyed, or which we hold or enjoy, or our most dear father Henry the VIIIth, late King of England, or had enjoyed, or ought to have, hold, and enjoy the same: and that none of our heirs or successors may intermeddle with this our grant."

The Grey Friars became Christ's Hospital, and the Southwark site the Hospital of the Holy Trinity or St. Thomas's. The Lord Mayor and certain citizens then met on the 6th of October, 1552, and constituted themselves by royal permission governors of the hospitals, and almoners of the money collected. The Hospital of the Holy

Trinity they named in compliment to Edward, the "King's Hospital," and ordained it to receive 260 "wounded soldiers, blind, maimed, sick, and helpless objects."

They also directed that 380 children should be received into Christ's Hospital.

To complete the scheme, the old palace of Bridewell, in Blackfriars, where the Emperor Charles V. had lodged in 1522, when on a visit to Henry VIII., and where subsequently Wolsey had lived, was granted to the City by Edward as a house of correction for dissolute persons and idle apprentices, and for the temporary maintenance of distressed vagrants.

Lastly, the lands lately belonging to the Palace of the Savoy were conferred jointly on the three foundations; and a month only before the end of Edward's short reign, he incorporated by a second charter bearing date the 6th of June, 1553, the Lord Mayor and commonalty of the City of London in succession as perpetual governors of Saint Bartholomew's, Christ's, Bridewell, and the King's Hospital (which last received the name of ST. THOMAS THE APOSTLE), and secured to them the possession of all the estates and revenues appertaining to them by previous deeds of gift. So were the royal hospitals founded.

In 1557 the laws were framed and printed under the name of "The Order of the Hospitalls of K. Henry the VIII. and K. Edward the VI., viz., St. Bartholomew's, Christ's, Bridewell, St. Thomas's. By the Maior, Cominaltie, and Citizens of London," &c.

Successive bequests and donations continued to augment the property of the charities, but during the reigns of Elizabeth, James I., Charles I., and the Protectorate, there appear few facts to note. In the abstract of the charter of confirmation granted to the City in 1663 by Charles II. on his restoration, we find the charter of Edward acknowledged and confirmed. The Great Fire of London in 1666 injured St. Thomas's in its revenues only; and a fire in Southwark anno 1676 ceased, "as if by divine interposition," at the hospital, probably a strong and isolated block of building. Shortly after this, however, it was found necessary to rebuild the fabric, and in 1693 subscriptions were opened for this purpose. A long list of benefactions in this and the succeeding year, amounting in all to £37,769 3s., is given by Golding, who especially singles out Sir Robert Clayton for eulogium. The statue then erected to him, and still extant, was originally dated 1701, but this was altered on his death to 1714. He was the founder of the old square in which it stood, replacing what Golding terms "a low swampy structure of the monastic order." In 1707, Mr. Guy, founder of the neighbouring hospital, erected three wards at his own charge. In 1717, the back block of buildings adjoining Guy's Hospital was added. With the exception of the two large blocks forming the Borough frontage, the north wing erected in 1833, and the south wing in 1839, the fabric seems to have remained unchanged until its purchase by the railway. In the centre of the front quadrangle stood the brass statue of King Edward, by Scheemakers, erected first in 1737, in pursuance of the will of Charles



Joye, some time treasurer of the hospital. It now stands in the grounds of the New Hospital.

It is a matter of more difficulty to trace the early history of the medical school in connection with the hospital. For the facts which follow we are indebted to the late R. G. Whitfield, Esq., who, from the long period during which his family had been associated with this foundation, was perhaps more qualified to speak than any other person.

The earliest mention in the hospital books of an apprentice is on December 31st, 1561. It is not until 1702 that a law is met with precluding pupils or surgeons from dissecting the dead body without permission from the treasurer.

In 1703 the grand committee resolved that no surgeon should have more than three "Cubbs," a term altered in 1758 to that of "Dressers." Besides these there were also apprentices to the surgeons of the hospital, and ordinary pupils. The first mention of lectures occurs soon after the appointment of Wm. Cheselden, in 1718. These he at first gave at his own house, but afterwards by permission in the hospital. They were on anatomy and surgery. In 1723 a regular registry was ordered to be kept by the apothecary, of pupils entering to surgical practice. In 1725, Guy's Hospital was opened for the reception of patients. In 1751 the assistant-physician was allowed to take two pupils for his own benefit. In 1768 an additional surgeon, Mr. Joseph Else, was elected to read lectures to the pupils.

The students of Guy's Hospital had by courtesy been allowed to attend the operations, and a similar favour admitted the St. Thomas's men to those at Guy's. But on the 8th November, 1768, it was formally resolved that the pupils of each hospital have the liberty of attending not only the operations, but surgical practice, and the money to be divided between the six surgeons and two apothecaries. Hence the appellation of the "United Hospital"; an amalgamation never extended beyond the surgical practice.

To Mr. Else is due the foundation of a regular anatomical school. Mr. Cline, who in 1781 was appointed to read lectures conjointly with Mr. Else, was mainly instrumental in bringing it to its greatest celebrity. At Mr. Else's death, Mr. Cline purchased the collection of preparations made by him and Mr. Girle, a former surgeon, which are now in the hospital museum, and became sole lecturer on anatomy. In 1788 he also became surgeon to the hospital. Mr., afterwards Sir Astley, Cooper was apprenticed to Mr. Cline in 1784, and before his election, as one of the surgeons to Guy's Hospital in 1800, was joint lecturer with his teacher on anatomy and surgery. They both added materially to the pathological museum.

In 1812 Mr. Henry Cline was elected surgeon to St Thomas's Hospital on his father's resignation, and carried on the anatomical lectures conjointly with Astley Cooper. In 1813 a new anatomical theatre and museum were built, the hospital giving £3000 for the purpose, and the two lecturers £1000 each. In 1815 Mr. Benj. Travers, an apprentice of Astley Cooper's at Guy's, was elected surgeon, according to the established rule which gave the vacancy

to the senior apprentice of either institution. Mr. Travers joined in the lectures, devoting his attention specially to ophthalmic surgery. In 1820 Mr. Joseph Henry Green was elected surgeon, on the death of his cousin Mr. Hy. Cline, having been apprenticed to his uncle Mr. Cline in the year 1809. From 1820 to 1825 he lectured with Astley Cooper. At this period all the branches of medical study,—viz., medicine, chemistry, *materia medica*, midwifery, botany and physiology—were lectured on at Guy's Hospital, and no physician of St. Thomas's was allowed to share them.

In 1824 Sir A. Cooper resigned the surgical chair, and Mr. C. Aston Key, his apprentice and nephew by marriage, joined Mr. Green in the office. Mr. Frederick Tyrrell, standing in exactly the same relation to Cooper, received permission to lecture on diseases of the eye. In the following year Cooper showed signs of cerebral disturbance, and the family desired that his nephew, Mr. Bransby Cooper, should be his successor. But the claims of Mr. John Flint South were considered superior, and he was appointed. From this cause the "United Hospitals" were severed, and a complete school set up in both. The majority of the students clung to Guy's, where the prestige of the great Sir Astley was still strong; and St. Thomas's school began to sink. The establishment of the Aldersgate Street private school under Tyrrell and Lawrence materially aided in this declension, as did also the secession of Dr. Elliotson to the newly-established University College, and the foundation of a fresh school at King's College, where for a time the surgical lectures were given by Mr. Joseph Henry Green, although a surgeon of St. Thomas's.

Owing to the unprosperous state of affairs in 1842, the Governors came forward to reorganize the school, and the aid of Mr. R. D. Grainger, whose popularity had been established in the Webb Street private school, was obtained. Mr. Joseph H. Green also rejoined the school; and Dr. Marshall Hall, Dr. Hodgkin, Dr. Martin Barry, Dr. Gregory, and Mr. Benjamin Travers contributed to its efficiency. In 1847 the Governors added to the School a lectureship on general pathology in connection with the hospital practice, and appointed to that lectureship and the associated clinical duties Mr. John Simon, whom afterwards (1853) they made one of the surgeons. In 1855 they added a lectureship on public health, and appointed to it Dr. Headlam Greenhow, who afterwards became physician to the Middlesex Hospital. This state of affairs continued until 1858, when the Governors gave back the management, and its attendant risks, into the hands of the lecturers.

For some years it was maintained with difficulty, and much self-sacrifice on the part of the staff, during what may be termed a transitional period, in the hope, now realized, of its once more developing into an institution worthy of its old traditional glories.

From its foundation down to the year 1862, the hospital occupied the original site near London Bridge, but in that year the property was sold for the extension of the railway accommodation, and the establishment temporarily removed to the Surrey Gardens, where

it was carried on till the summer of 1871. In 1868 the first stone of the New Hospital at Westminster Bridge was laid by the Queen, and the completed building was opened by her Majesty in 1871. In September the patients were first admitted into the New Hospital, and the Medical School was opened on October the 2nd.

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## NIGHTINGALE NURSING SCHOOL.

The Committee of the "NIGHTINGALE FUND" have arrangements with the authorities of St. Thomas's for educating Women in the practice of Hospital Nursing. On the satisfactory completion of one year's training, they will be required to enter into service as Nurses in St. Thomas's or some other Hospital or Infirmary. A limited number of gentlewomen can be admitted under special agreements to this course of training, with a view to qualify themselves for superior appointments, or as District Nurses.

The Regulations as to the admission of Candidates may be obtained by writing to Miss L. M. Gordon, the Matron, St. Thomas's Hospital, London, S.E., to whom also application should be made by Institutions requiring trained Superintendents or Nurses.

Candidates should, whenever it is possible, make personal application to Miss Gordon, at the Matron's Office, at 10.30 a.m., on Tuesday or Friday.

The Nightingale Fund is the proceed of a public subscription raised at the close of the Crimean War, as a tribute to Florence Nightingale, for the services rendered by her in tending the sick and wounded soldiers in the Military Hospitals on the Bosphorus and at Balaklava. It was, by her request, vested in Trustees to enable her to establish an Institution for the training, sustenance, and protection of Nurses and Hospital attendants, and, as invested, produces an income of £1400. The management is in a Council, appointed by her. The School was opened at old St. Thomas's in 1860 with 12 probationers, increased to 39 in the present Hospital. 1155 candidates have been admitted and 692 trained Nurses have received appointments. A large number are now Matrons or Superintendents of Nurses.

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## THE HOSPITAL.

The original Hospital latterly contained 500 beds. The present building contains in all 572 beds. It consists of six blocks appropriated to the reception of patients; with one for the administrative and other offices, and one for the Medical School. The Ward blocks, though connected by corridors, stand apart, so as to afford free exposure in all directions. The Wards, with the exception of four which are placed on the ground floor, occupy the first, second, and third floors. Generally, each Ward affords accommodation for 28 beds, which are

placed against the piers between the windows, so as to secure thorough ventilation. In a small Ward annexed to each larger Ward, there are two beds for cases requiring special care or treatment.

The operating theatres are unusually large, and have been lately thoroughly refitted, refloored, and provided with electric lighting. They are now peculiarly well adapted for the carrying out of aseptic surgery.

Of the whole accommodation of the Hospital, about 180 beds are appropriated to ordinary Medical cases, and 230 to ordinary Surgical cases. There are special Wards for the reception of diseases peculiar to women (21 beds); for diseases of the eye (25 beds); for venereal affections (8 beds); and for children under six years of age (30 beds). In one of the blocks, separated from the rest of the establishment, there are Wards for infectious diseases.

The space provided for each bed in the ordinary Wards is upwards of 1,800 cubic feet, and in the block appropriated to infectious diseases, about 2,500 cubic feet.

The Out-patients' Department is extensive and well arranged, and every facility is afforded for the treatment of different forms of Medical and Surgical casualties and diseases.

During the twelve months ending December 31st, 1892, the number of patients admitted into the Hospital amounted to 5,407. In the same period, 22,493 Out-patients have been treated, and in the Maternity department 2,266 women have been attended at their own homes. Casualties, to the number of 74,528 attendances, were treated during the same period.

## THE MEDICAL SCHOOL.

The School buildings stand at the southern extremity of the Hospital, from which they are isolated by a large open quadrangle with terrace overlooking the river. They contain full accommodation for large classes of students.

During the summer of 1892 considerable alterations were carried out in the Physiological Department, the main object being to provide proper accommodation for the lectures and increased space in the large laboratory.

At the present time further extensive alterations and additions are in active progress. Two new wings are being added to the main building in order to provide laboratories for Pathology and Elementary Biology, and to properly house the Students' Club. It is also intended to bring the collection of Physical apparatus from its present room down to the ground floor, so as to be *en suite* with the Chemical Department.

The new west wing also includes a large Class room and special accommodation for the Classes in Operative Surgery.

The plan inserted between pages 14 and 15 shows the changes in detail, both on the ground and first floors.



## THE MUSEUM OF HUMAN AND COMPARATIVE ANATOMY AND PATHOLOGY.

*Curator.*—S. G. SHATTOCK, ESQ., F.R.C.S.

The Museum, which is of ample size and well lighted, has two galleries devoted entirely to the display of specimens illustrating Pathology: the different series are each preceded by a normal preparation of the organ to which they refer.

On the ground floor are the collections of Normal Human, and of Comparative Anatomy; there is, moreover, a series of type specimens of Pathology, selected to facilitate the study of this subject.

The Printed Catalogue of the Museum consists of three octavo volumes: in the first volume, edited by Mr. JOHN F. SOUTH, are described the preparations of Normal Human, Microscopical, and Comparative Anatomy; and the 2nd and 3rd volumes, edited by Mr. SYDNEY JONES, contain descriptions of the specimens illustrative of Pathological Anatomy. A Second Edition of the Pathological Catalogue by Mr. SHATTOCK is in course of preparation. The first, second and third parts of this, including the Injuries and Diseases of the Organs of Motion, Digestion, Circulation, Respiration, and Nervous System, are already published.

THE COLLECTION OF HUMAN ANATOMY contains a large number of dissected Preparations, illustrating the Organs of Locomotion and Sense; the Nervous System; the Digestive, Respiratory, and Urinary Apparatus; the Vascular System and Organs of Reproduction; and, in addition, a series of elaborate dissections.

THE PATHOLOGICAL COLLECTION contains above 3,000 specimens, arranged in series as follows:—Injuries and Diseases of the Organs of Motion; of the Organs of Digestion, of Circulation, of Respiration, of the Nervous System, of the Genito-Urinary System, and Malformations.

Among the earliest contributors to the Museum were Mr. CLINE, Sir A. COOPER, Mr. TRAVERS, and Mr. TYRRELL; and many of the specimens are of great historical interest: those used by Sir A. Cooper to illustrate his works on Dislocations and Fractures, on Hernia, and on the Testis, are contained amongst them, as well as two preparations showing the result of Ligature of the Abdominal Aorta, one a case of Sir A. Cooper's, another that of Mr. J. F. South's. In the collection, too, are Mr. Travers' preparations illustrating the process of nature in repairing Injuries of the Intestines, and those furnished by his experiments on the ligature of Arteries.

The section of Fractures has been enriched by Sir William MacCormac, who presented numerous specimens of gun-shot injuries, etc., obtained from cases under his care during the Franco-German War (1870); that of Diseases of the Liver, by a large number of Biliary Calculi presented by Dr. Ord.

THE COLLECTION OF COMPARATIVE ANATOMY comprises about 400 dissected Preparations, and in addition an equal number of most carefully prepared osteological specimens. A large number of these dissections were made by Sir A. Cooper, to illustrate his Lectures, when Professor of Comparative Anatomy to the Royal College of Surgeons.



THE CABINETS OF MICROSCOPICAL ANATOMY, which are under the charge of the Demonstrator of Practical Physiology, are available for use by Students who wish to examine them, subject to such regulations as may be deemed necessary.

THE MATERIA MEDICA MUSEUM contains in cases a complete collection of all the chemicals and organic substances included in the British Pharmacopœia; all these are named and numbered. A second collection of all the chief medicinal substances is placed in drawers and is freely accessible to students. A large and very fine collection of dried medicinal plants, named according to the latest nomenclature, is displayed on the walls of the Museum.

The Museum is under the conjoint superintendence of the Lecturer on Pharmacy and Pharmacology and Mr. Shattock.

THE COLLECTION OF CHEMISTRY AND MINERALOGY is under the superintendence of Mr. Dunstan. The majority of the specimens were presented by the late Dr. Bernays; they are displayed with the Collection of Materia Medica.

The Museums are open to Students daily from 9 a.m. till 5 p.m., and every encouragement is given to Students to make use of the well-arranged educational series for the purposes of their studies.

## THE LIBRARY.

The Library, to which Students have access with the permission of the Librarian, and which can be used by them as a Reading Room, has been recently completely re-arranged and re-catalogued. It contains a valuable collection of standard works; various periodicals are regularly taken in, and a number of the modern text books are added from time to time for reference.

## LABORATORIES, THEATRES AND CLASS ROOMS.

The Chemical, Physiological, and Anatomical Departments are complete in themselves. They consist of large Laboratories for Classes, Private Laboratories, and each is provided with its own Lecture Room.

A large Laboratory for the accommodation of the Class in Pathological Histology is being erected, and will form a valuable complement to the present Pathological Department. In the same building will be the accommodation for the Class in Elementary Biology.

A Bacteriological Laboratory, under the charge of Mr. Shattock, forms a part of the Pathological Department.

A separate Laboratory for the practical teaching of Physics contains the Physical Apparatus.

A special Theatre is devoted to the use of the Lecturers giving the more advanced systematic courses, as Medicine, Surgery, &c. In connection with this Theatre is a large class room for the various tutorial classes.

A building in course of erection will provide new and improved accommodation for the Students' Club. (See pages 4 and 13.)

The new buildings are expected to be completed in December.

# MEDICAL AND SURGICAL OFFICERS.

## Consulting Physician.

J. S. BRISTOWE, M.D. Lond., LL.D.,  
F.R.S.

## Consulting Surgeons.

Sir JOHN SIMON, K.C.B., Hon. M.D.  
Dub., F.R.S., D.C.L.  
SYDNEY JONES, M.B. Lond.  
JOHN CROFT.

## Consulting Obstetric Physician.

H. GERVIS, M.D. Lond.

## Consulting Ophthalmic Surgeon.

R. LIEBREICH.

## Physicians.

W. M. ORD, M.D. Lond.  
JOHN HARLEY, M.D. Lond.  
J. F. PAYNE, M.D. Oxon.  
SEYMOUR J. SHARKEY, M.A., M.D.  
Oxon.

## Surgeons.

Sir WILLIAM MACCORMAC, M.A., D.Sc.,  
M.Ch. Hon. Causà.  
A. O. MACKELLAR, M.Ch.  
H. H. CLUTTON, M.A. Cantab.  
WILLIAM ANDERSON.

## Assistant Physicians.

T. D. ACLAND, M.A., M.D. Oxon.  
H. P. HAWKINS, M.A., M.B. Oxon.  
H. W. G. MACKENZIE, M.A., M.D.  
Cantab.

## Assistant Surgeons.

B. PITTS, M.A., M.C. Cantab.  
G. H. MAKINS.  
W. H. BATTLE.  
C. A. BALLANCE, M.S. Lond.

## Obstetric Department.

*Physician.*—C. J. CULLINGWORTH, M.D.  
*Assistant Physician.*—R. CORY, M.A.,  
M.D. Cantab.

## Eye Department.

*Surgeon.*—E. NETTLESHIP.  
*Assistant Surgeon.*—J. B. LAWFORD

## Throat Department.

*Physician.*—F. SEMON, M.D. Berlin.

## Skin Department.

*Surgeon.*—WILLIAM ANDERSON.

## Ear Department.

*Surgeon.*—C. A. BALLANCE, M.S. Lond.

## Dental Department.

*Surgeon.*—C. E. TRUMAN, M.A. Cantab.

## Resident Assistant Physician.

H. G. TURNEY, M.A., M.B. Oxon.

## Resident Assistant Surgeon.

E. C. STABB, F.R.C.S.

## Anæsthetists.

WALTER TYRRELL and E. F. WHITE, F.R.C.S.

## Anæsthetist to the Dental Department.

E. H. G. MORRIS, B.A., M.B. Cantab.

## Electrician.

## Pharmaceutist.

EDMUND WHITE, B.Sc. Lond.

## Demonstrators of Morbid Anatomy.

H. P. HAWKINS, M.A., M.B. Oxon.

## Consulting Chemist.

WYNDHAM R. DUNSTAN, M.A. Oxon., F.R.S.

## Registrars.

*Medical.*—S. G. TOLLER, M.B. Lond.  
*Surgical.*—F. C. ABBOTT, M.B., B.S. Lond.  
*Obstetric.*—W. W. H. TATE, M.B. Lond.

## Lecturers.

A. W. BENNETT, M.A., B.Sc. Lond.  
T. CRANSTOUN CHARLES, M.D.  
WYNDHAM R. DUNSTAN, M.A., F.R.S.  
F. G. PARSONS, F.R.C.S.  
H. RAYNER, M.D.  
EDWARD SEATON, M.D.  
S. G. SHATTOCK, F.R.C.S.  
C. S. SHERRINGTON, M.A., M.D. Cantab.  
F.R.S.

## Curator of the Museum.

S. G. SHATTOCK, F.R.C.S.

## Librarian.

G. S. SAUNDERS.

## Dean of the School.

G. H. MAKINS, F.R.C.S.

## Secretary to the School.

GEORGE RENDLE, M.R.C.S.

## LECTURERS AND DEMONSTRATORS.

## LECTURERS.

<i>Elementary Biology</i> ... ..	Mr. PARSONS.
<i>Chemistry, Chemical Physics, and Prac-</i> <i>tical Chemistry</i> ... ..	} Mr. DUNSTAN.
<i>Pharmacy and Pharmacology</i> ... ..	
<i>Descriptive Anatomy</i> ... ..	Mr. ANDERSON and Mr. MAKINS.
<i>General Anatomy and Physiology</i> ...	Dr. SHERRINGTON.
<i>Practical Physiology and Histology</i> ...	Dr. T. CRANSTOUN CHARLES.
<i>Midwifery, and Diseases of Women</i> ...	Dr. CULLINGWORTH.
<i>Practical and Manipulative Surgery</i> ...	Mr. MACKELLAR & Mr. BALLANCE.
<i>Medicine</i> ... ..	Dr. ORD and Dr. PAYNE.
<i>Surgery</i> ... ..	Mr. CLUTTON and Mr. PITTS.
<i>Pathological Anatomy</i> ... ..	{ Dr. SHARKEY, DR. HAWKINS, and Mr. SHATTOCK.
<i>Forensic Medicine and Toxicology</i> ...	
<i>Therapeutics</i> ... ..	Dr. CORY and Mr. MACKELLAR.
<i>Diseases of the Eye</i> ... ..	Mr. LAWFORD.
<i>Mental Disease</i> ... ..	Dr. RAYNER.
<i>Public Health and Sanitary Science</i> ...	Dr. SEATON.
<i>Clinical Surgery</i> ... ..	{ Sir WILLIAM MACCORMAC (EMERITUS LECTURER).
<i>Clinical Medicine</i> ... ..	
"    " <i>Obstetric</i> ... ..	Dr. CULLINGWORTH.
" <i>Surgery</i> ... ..	The SURGEONS.
"    " <i>Ophthalmic</i> ... ..	Mr. NETTLESHIP.
<i>Physics</i> ... ..	Mr. DUNSTAN.
<i>Botany</i> ... ..	Mr. A. W. BENNETT.
<i>Comparative Anatomy and Zoology</i> ...	Mr. PARSONS.

## TEACHERS AND DEMONSTRATORS.

<i>Physics and Chemistry</i> ... ..	Dr. INCE.
<i>Practical Anatomy</i> ... ..	{ The LECTURERS, with Mr. PARSONS Mr. ABBOTT, and Mr. ROBINSON.
<i>Physiology and Practical Physiology</i> ...	
<i>Practical Medicine</i> ... ..	{ Dr. ACLAND and Dr. HAWKINS with Dr. TOLLER.
<i>Practical and Manipulative Surgery</i> ...	
<i>Practical Obstetrics</i> ... ..	Dr. CORY and Dr. TATE.
<i>Morbid Anatomy</i> ... ..	Dr. HAWKINS and
<i>Morbid Histology</i> ... ..	Mr. ROBINSON.
<i>Diseases of the Throat</i> ... ..	Dr. SEMON.
"    " <i>Skin</i> ... ..	Mr. ANDERSON.
"    " <i>Ear</i> ... ..	Mr. BALLANCE.
"    " <i>Teeth</i> ... ..	Mr. TRUMAN.

## SUGGESTIONS TO STUDENTS ABOUT TO ENTER THE MEDICAL PROFESSION.

Registration.\*

The commencement of Medical Study cannot be registered at the Office of the General Medical Council until the Student has passed a Preliminary Examination in the subjects of General Education as specified in the following list :

(1) English Language ; (2) Latin ; (3) Arithmetic, Algebra, and Euclid ; (4) Either Greek, Logic, or any Modern Language.

Preliminary Examinations.

A student who has not passed such an examination is recommended to pass either the Matriculation of the University of London, the Examination in Arts of the Apothecaries' Society of London, or the Professional Preliminary Examination of the College of Preceptors. The regulations respecting these may be obtained from the Registrar, University of London, Burlington Gardens, W., the Secretary, Apothecaries' Hall, Blackfriars, E.C., and the Secretary, College of Preceptors, Bloomsbury Square, W.C.

Certificates of Graduation, Matriculation, and the Local Examinations of British and Colonial Universities are accepted by the General Medical Council provided that the above-mentioned subjects be shown to have been included.

London University.

Students who propose to obtain Medical Degrees in the University of London must pass both the Matriculation and the Preliminary Scientific Examinations before commencing their regular Medical Studies.

For the Preliminary Scientific Examination and the Intermediate Examination in Medicine special classes are held during the Winter and Summer Sessions (see p. 38).

**For a Student who enters in October**, intending to obtain the double qualification of the "Conjoint Board" (L.R.C.P. Lond. and M.R.C.S. Eng.), the following course of study is recommended. (For days and hours of Lectures, &c., see Time Table, p. 28.)

All Students are required to apply to the Medical Secretary for cards of Admission to the Lectures, &c., of each Session.

### First Winter Session.

Lectures.&c.

Anatomy, Elementary Biology, Elementary Physiology, Chemistry, and Physics. Anatomical and Physiological Demonstrations. Dissections.

Examinations.

"Sessional" at Medical School in December and in March. Part III. (Elementary Biology) of First Examination of the "Conjoint Board" in January, and Part IV. (Elementary Anatomy) in March.

### First Summer Session.

Lectures.&c.

Materia Medica, Practical Chemistry and Practical Physiology ; Instruction in Practical Pharmacy may be obtained from the Hospital Pharmacist. (Fee, three guineas for three months, p. 37.)

Examinations.

"Sessional" in July, and Parts I. (Chemistry and Physics) and II. (Practical Pharmacy)† of the "First Conjoint."

\* The Regulations of the General Medical Council with regard to Registration may be obtained from Messrs. Spottiswoode & Co., 54, Gracechurch Street, London, E.C.

† Part II. (Practical Pharmacy) may be deferred and taken as part of the "Third Conjoint."



### Second Winter Session.

Anatomy and Physiology with Demonstrations and Dissections. Lectures.&c  
 Practical Physiology. Tutorial Class in Anatomy.

"Sessional" in December and in March; "Tests," and "Second Conjoint" (Anatomy and Physiology) in March. Examinations.

N.B.—The "Third Conjoint" cannot be taken until two years after the second examination has been passed; hence the importance of passing the second at this stage.

### Second Summer Session.

Hospital Practice, Medical and Surgical.

Midwifery, Practical Obstetrics, Practical Surgery.

"Sessional" in July.

The course of instruction in Practical Medicine must be attended by Candidates for Out-Patient Clinical Clerkships.

Lectures.  
Examinations.

### Third Winter Session.

Hospital Practice, Medical and Surgical.

Medicine, Surgery, and Surgical Pathology, Practical Surgery, Practical Course of Pathological Anatomy. Lectures.

"Sessional" in December and March.

Clinical Clerkship (if not held during July, August, and September), and Dressership, in the Out-Patient Departments. Examinations.

Maternity Cases may be attended at any time after the Lectures on Midwifery and a course of Practical Obstetrics by Students who have passed the "Second Conjoint."

### Third Summer Session.

Hospital Practice, Medical and Surgical, with Clerkship or Dressership.

Pathological Anatomy, Forensic Medicine, Mental Disease, Therapeutics, and Public Health. Lectures.

"Sessional" in July.

Examinations.

### Fourth Winter Session.

Hospital Practice, Medical, Surgical, the Special Departments, and Post-mortem Examinations. Clerk or Dress in special Departments and Post-mortem Room. Instruction in Vaccination. Fee, one guinea, p. 37.)

Practical Course of Pathological Anatomy (if not taken in third winter), Clinical Lectures on Medicine, Surgery, and Diseases of Women; Obstetric Demonstrations; Diseases of the Eye. Lectures.

### Fourth Summer Session.

Hospital Practice, Medical and Surgical, and Special Departments.

Clinical Medicine, Clinical Surgery. Tutorial Classes in Surgery, including operations upon the Dead Subject. Lectures.

"Third Conjoint" in Medicine, Surgery, or Midwifery.

NOTE.—The three subjects *may* be taken at one examination.

Examinations.

Candidates for the Third Examination for the Diploma in Medicine and Surgery of the "Conjoint Board" are required to produce a certificate of attendance on not less than twenty labours. Students who have passed the "Second Conjoint," and have attended Lectures on Midwifery, and a Course of Practical Obstetrics, may enter their names for the Rota of Obstetric Clerks.

No Student is admitted to any part of the Third Examination of the "Conjoint Board" until at least two years after passing the Second Examination, and the latter cannot be taken until the end of the Second Winter Session.



### Fifth Year.

Hospital Practice, Medical and Surgical, and the Special Departments.

Attendance at a Fever Hospital and Clinical Demonstration at a recognised Lunatic Asylum.

Advanced Students are strongly advised to avail themselves of the opportunities afforded for Clinical Study of Fevers at the Hospitals of the Metropolitan Asylums Board, and of Mental Diseases at Bethlem Hospital in their fifth year.

NOTE.—The attendance (except that at a Fever Hospital) required in the Fifth Year must be subsequent to passing the Third Examination.

Examina-  
tions.

The "Final Conjoint" in Clinical Medicine and Clinical Surgery, and in Midwifery if not taken at the Third Examination.

The Final Examination cannot be taken until twelve months after the Third.

### Preliminary Summer Session.

If a Student enters in May, intending to obtain the qualification of the Conjoint Board, he is advised to pursue the following course of study:—

Lectures.

Elementary Biology, Lectures and Classes in Chemistry and in Materia Medica.—Instruction in Practical Pharmacy may be obtained from the Hospital Pharmaceutist. (Fee, three guineas for three months, p. 37.)

Examina-  
tions.

Botany (if required for a higher examination).

Part I. (Elementary Biology.) Part II. (Practical Pharmacy) of "First Conjoint" in July or October.

NOTE.—Students who join a Medical School in May have the advantage of an additional three months to devote to the preparation for the four parts of the First Examination of the "Conjoint Board."

All Students are required by the Governors to conform to the Regulations of the Hospital and Medical School, and the School Committee is empowered, with the approval of the Treasurer, to suspend or remove a Student at any time for adequate reason. (See also p. 36.)

As but few Lectures need be attended in the fourth and fifth years, the greater part of that time can, and should, be given to the practical study of disease in the Wards, Out-Patient Departments, and Post-Mortem Room.

Students intending to prepare for **University Degrees and other higher Examinations** should apply to the Medical Secretary for the Regulations relating thereto. (For Special Classes for these Examinations see p. 38.)

Students when qualified should use every effort to obtain one or more of the senior appointments open to them, especially those of House Physician, House Surgeon, and Obstetric House Physician. These and other appointments, of which details are given at p. 31, afford opportunities for obtaining practical professional knowledge which cannot be estimated too highly. No payment is required for any of them.

**N.B.—The Regulations for the Sessional Examinations and Prizes will be found on pp. 32-33.**

# HOSPITAL PRACTICE.

## CLINICAL TEACHING OF MEDICINE AND SURGERY.

CLINICAL instruction is given daily by the Physicians and Surgeons during their visits to the Wards, and by the Assistant Physicians and Assistant Surgeons in the Out-Patient Departments (Time Table, p. 22). Lectures on Clinical Medicine and Surgery are given in the afternoon every week throughout the academical year by one or more of the Physicians and Surgeons.

**Diseases of Women.**—Clinical instruction is given in Adelaide Ward on Tuesdays and Fridays at 2 p.m., and in the Out-Patient room on Wednesdays and Saturdays at 1.30 p.m.

**Diseases of Children.**—Instruction is given by Dr. CORY, in the Out-Patient room, on Saturdays at 1.30.

**Midwifery.**—A maternity department is connected with the hospital, women being attended in confinement at their own homes by students of the hospital, under the supervision of the Assistant Obstetric Physician (p. 32). Students are accompanied to their first cases by one of the Obstetric House Physicians.

**Diseases of the Eye.**—Clinical teaching in the Out-Patient rooms daily except Saturday. Clinical Lectures or Ophthalmoscopic Demonstrations weekly.

## SPECIAL DAYS AND HOURS FOR SURGICAL OPERATIONS.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Surgical Operations.....	—	—	1.30	—	—	1.30
Gynæcological „ .....	—	—	—	2.0	—	—
Ophthalmic „ .....	2.30	—	—	—	2.0	—

**Diseases of the Skin.**—Clinical instruction by Mr. ANDERSON on Fridays.

**Diseases of the Throat.**—Clinical instruction by Dr. SEMON on Tuesdays and Fridays. During the Winter Session Dr. SEMON gives a short course of Clinical Lectures to senior students.

**Diseases of the Ear.**—Clinical instruction by Mr. BALLANCE on Mondays. During the Winter Session Mr. BALLANCE gives a short course of Lectures to senior students.

**Mental Diseases.**—Clinical instruction by Dr. RAYNER on Thursdays.

**Diseases of the Teeth.**—Mr. TRUMAN and Assistant give instruction in Dental Surgery on Tuesdays and Fridays.

**Vaccination** is taught practically by Dr. CORY, who is authorised by the Local Government Board to give certificates of proficiency in Vaccination at St. Thomas's Hospital. Fee, One Guinea (see p. 37).

The Administration of **Anæsthetics** is taught practically by Mr. TYRRELL and Mr. WHITE.

## POST-MORTEM EXAMINATIONS.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dr. HAWKINS .....	—	2.0	2.0	—	2.0	—
Dr. ....	2.0	—	—	2.0	—	2.0

# TIMES OF ATTENDANCE OF THE PHYSICIANS AND SURGEONS IN THE WARDS.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
DR. ORD .....	2	—	—	2	—	—
DR. HARLEY .....	—	2	—	—	2	—
DR. PAYNE .....	2	—	—	2	—	—
DR. SHARKEY .....	—	2	—	—	2	—
DR. CULLINGWORTH .....	—	2	—	—	2	—
SIR WILLIAM MAC CORMAC ...	—	2	—	—	2	—
MR. MAC KELLAR .....	2	—	—	2	—	—
MR. CLUTTON .....	—	2	—	—	2	—
MR. ANDERSON .....	2	—	—	2	—	—
MR. NETTLESHIP .....	—	2	—	—	—	—

# TIMES OF ATTENDANCE OF THE ASSISTANT-PHYSICIANS AND ASSISTANT-SURGEONS IN THE OUT-PATIENTS' ROOMS.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
DR. ACLAND .....	1.30	—	—	1.30	—	—
DR. HAWKINS .....	—	1.30	—	—	1.30	—
DR. MACKENZIE .....	—	—	1.30	—	—	1.30
DR. CORY (Women and Children)...	—	—	1.30	—	—	1.30
MR. PITTS .....	—	1.30	—	—	—	—
MR. MAKINS .....	1.30	—	—	1.30	—	—
MR. BATTLE .....	—	—	1.30	—	—	1.30
MR. BALLANCE .....	—	—	—	—	1.30	—

# TIMES OF ATTENDANCE IN THE OUT-PATIENT SPECIAL DEPARTMENTS.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
MR. NETTLESHIP } (Diseases of {	—	1.30	—	—	—	—
MR. LAWFORD } the Eye) {	1.30	—	1.30	1.30	—	—
DR. SEMON (Diseases of Throat)...	—	1.30	—	—	1.30	—
MR. ANDERSON (Diseases of Skin)...	—	—	—	—	1.30	—
MR. BALLANCE (Diseases of Ear)...	1.30	—	—	—	—	—
MR. TRUMAN (Diseases of Teeth)...	—	10	—	—	10	—
DR. CORY (Vaccination) .....	—	—	11.30	—	—	—

NOTE.—These Tables are subject to revision in October.

# LECTURES, CLASSES, & DEMONSTRATIONS.

*A complete list of Lecturers and Demonstrators, p. 17.*

*Time-table of days and hours of Lectures, &c., p. 28.*

## ELEMENTARY BIOLOGY.

MR. BENNETT, B.Sc., AND MR. PARSONS.

A three months' practical course to meet the requirements of the "Conjoint Board" is held twice yearly. (May, June, July; October, November, December.)

*Special classes*, for the Preliminary Scientific, are commenced in October for the July examination of the London University. (Fee, see p. 38.)

## BOTANY.

MR. BENNETT, B.Sc.

A course of lectures on Systematic Botany is given during the Summer Session. It comprises the general principles of the classification of plants, with demonstrations of the characters of all the more important natural orders, especially those of medicinal value. The lectures are illustrated by diagrams and fresh specimens. (Fees, see p. 37.)

*Special classes* for the London University and other examinations commence in October. (Fee, see p. 38.)

## COMPARATIVE ANATOMY.

MR. PARSONS.

A course of six lectures, especially intended for the primary examination for the Fellowship of the College of Surgeons, is given twice yearly. (Fee, see p. 37.)

## CHEMISTRY AND CHEMICAL PHYSICS.

MR. DUNSTAN, F.R.S.

LECTURES on Chemistry and Chemical Physics are given three times weekly during the Winter Session, and on Chemistry during the Summer Session. These lectures are fully illustrated by experiments.

A course of Practical Work is commenced in January and is continued during the Summer Session.

These courses include the subject-matter of the various Examining Boards, and are specially arranged to afford the student an insight into the principles of chemical science and their application in Medicine.

A course of Chemical Demonstrations is given in connection with the Lectures on Toxicology and Forensic Medicine.

*Special classes* are held for students preparing for the Preliminary Scientific and Intermediate M.B. Examinations of the University of London, and for the Examinations of other Universities. (Fee, see p. 38.)

*A special course* of Practical Instruction is given in the Laboratory to Candidates for Diplomas in Public Health. (Fee, see p. 37.)

Arrangements may be made for additional Practical Work (Elementary and Advanced) in the Chemical Laboratory at fees which may be ascertained from the Medical Secretary.

## ANATOMY.

MR. ANDERSON AND MR. MAKINS.

(a) **ELEMENTARY.**—A six months' course, consisting of two lectures and one oral examination weekly, is given for first-year students, dealing with osteology and attachments of muscles and ligaments.

(b) **ADVANCED.**—A six months' course, consisting of three lectures and one oral examination weekly, is given for second-year or more advanced students.

The lectures are illustrated by fresh dissections and preparations.

Classes, conducted partly by examination, partly by demonstration, are held during the latter half of the Winter Session, and deal with those sections of anatomy which cannot be included in the lecture course.



(c) **PRACTICAL.**—During both winter and summer sessions the dissecting room is open for the use of students, and the demonstrators attend daily. A number of stock preparations are displayed in the room, and the others are preserved for use in the tutorial classes.

Tutorial classes are held prior to the January, March and July examinations of the "Conjoint Board," which all candidates are allowed to attend. A verbal test examination is held three weeks prior to the examinations, at which candidates must satisfy the teachers as to their knowledge before obtaining the necessary signatures to their schedules.

*Special classes* in advanced anatomy are conducted by the lecturers and demonstrators for the various University and the Fellowship of the College of Surgeons examinations. (Fee, see pp. 37, 38.)

### **PHYSIOLOGY.**

**DR. SHERRINGTON, F.R.S.**

A systematic course of lectures to meet the requirements of the "Conjoint Board" is given throughout the Winter Session. As certain portions of the subject are dealt with more fully in some years than in others, students are recommended to attend the course both in the first and second years.

The lectures are supplemented by practical instruction, chiefly in Chemistry and Histology. This course is intended for students of the second year, and others preparing for the second "Conjoint" examination.

A course of practical instruction is also given to students of the first year, in the second half of their first Winter Session.

Tutorial classes in Physiology are held by the Demonstrator prior to the January, March and July examinations of the "Conjoint Board."

A *special class* in advanced Physiology is provided for those preparing for University examinations (Cambridge, London, Oxford), or for the Fellowship of the College of Surgeons. This class, taken by the Lecturer twice weekly from January to July, includes exercise in the use of physiological apparatus and advanced practical instruction in histological and chemical methods. (Fee, see pp. 37, 38.)

Each member of the second Winter class, and of the advanced class, has a table, cupboard, and drawers provided for him. He is required to deposit 5s. for the key to same, the money being returned at the end of the course.

Each member of any practical course must provide himself with a microscope, dissecting instruments, object-slides, cover-glasses, labels, and a small sketch-book. Chemicals, staining and mounting fluids, etc., are provided for him.

### **PRACTICAL PHYSIOLOGY (SUMMER COURSE).**

**DR. T. CRANSTOUN CHARLES.**

(1.) **HISTOLOGY.**—All the tissues and organs of the body are prepared after the best methods, and examined. Numerous microscopical slides are mounted by each student, particular attention being given to the methods by which they are prepared.

(2.) **PHYSIOLOGICAL CHEMISTRY.**—Practical instruction is given in the chief constituents of the body, food and its digestion, the different excreta, and also the best methods for their examination.

A senior class open to all students is held for the preparation and examination of the higher animal tissues, the examination of secretions and excretions, section-cutting, injection, volumetric analysis, etc.

### **MATERIA MEDICA, PHARMACY, AND THERAPEUTICS.**

**DR.**

Lectures on Materia Medica are given twice a week during the Summer Session, the course being specially adapted to the requirements of candidates for the examination of the "Conjoint Board."

Tutorial classes are held in the Materia Medica Museum by the Lecturer and two assistants.



**PHARMACY.**—Instruction is given by the Hospital Pharmaceutist, Mr. E. White, B.Sc., to students requiring it. (Fee, see p. 37.)

*Special classes* are arranged to meet the requirements of—(a) the "Conjoint Board," (b) the intermediate M.B. of the University of London, (c) the first M.B. of Oxford and second of Cambridge.

**THERAPEUTICS.**—This course embraces the physiological actions of the various medicinal agents on the healthy body, and on general morbid conditions. One lecture is given weekly during the Summer Session.

### **MIDWIFERY AND DISEASES OF WOMEN.**

**DR. CULLINGWORTH.**

A systematic course of lectures on Midwifery is delivered during the Summer Session, embracing the Physiology and Pathology of pregnancy, labour, and the puerperal state, preceded by an account of the anatomy and development of the female pelvis, and of the placenta and foetal membranes.

A short course of Obstetric demonstrations on the model is given by Dr. Cory during the Winter Session. It embraces the comparative relations of the head to the normal, and various contracted pelvis; the use of the forceps, turning, craniotomy, etc.

A course of about twenty lectures on the Diseases of Women is delivered during the Winter Session. The lectures are partly systematic, partly clinical, the subjects varying from year to year, and are supplemented by practical teaching at the bedside and in the out-patients' room.

A class is held by the Obstetric tutor for practical instruction in the mechanism and management of labour and the use of instruments. No student is allowed to attend maternity cases until he has attended this class.

### **MEDICINE.**

**DR. ORD AND DR. PAYNE.**

A systematic course of lectures on the Principles and Practice of Medicine is given three times weekly during the Winter Session.

Clinical lectures on Medicine are given once weekly throughout the Academic year, by the physicians to the Hospital in rotation. The subject of each is advertised beforehand in the Hospital and Medical School.

### **PRACTICAL MEDICINE.**

**DR. ACLAND AND DR. HAWKINS.**

An elementary course of practical instruction in the means of physical diagnosis is held for about a month prior to each quarterly appointment of out-patient clinical clerks; no student can be appointed until he has attended this class, or an equivalent course elsewhere. Instruction is given in the principles and method of examination of the circulatory, respiratory, urinary, digestive, and nervous systems. Tutorial Classes are held prior to the January, April, and July Examinations of the "Conjoint Board," upon which attendance is voluntary.

### **SURGERY.**

**MR. CLUTTON AND MR. PITTS.**

A systematic course of lectures on General and Special Surgery is given three times weekly throughout the Winter Session. The subject, being too extensive for a six months' course, is completed in two Winter Sessions.

Clinical lectures on Surgery are given once weekly throughout the Academic year, by the surgeons to the Hospital in rotation. The subject chosen for each lecture is advertised beforehand in the Hospital and Medical School.

### **PRACTICAL SURGERY.**

**MR. MACKELLAR AND MR. BALLANCE.**

During the Summer Session Mr. Ballance holds a class once a week, providing special instruction for students about to apply for Out-patient dresserships. It comprises bandaging, the treatment of wounds, the use of

certain instruments and splints, and the demonstration of surgical landmarks on the living model. No student can be appointed a dresser until he has attended this class.

The Winter Course includes the diagnosis and treatment of fractures and dislocations, application of trusses and tourniquets, minor operations, treatment of hæmorrhage and surgical emergencies, and the completion of the Summer Course on instruments and applied anatomy.

The teachers of practical surgery are assisted by Demonstrators, who supervise the students after each lecture in the various manipulations on the living models provided.

Tutorial classes are held for six weeks prior to the January, April, and July examinations of the "Conjoint Board," upon which attendance is voluntary. These include general surgery, operative surgery, and surgical anatomy, by the teachers and Demonstrator of Practical Surgery; and surgical pathology, by Mr. Shattock.

### **OPERATIVE SURGERY.**

Classes are held by Mr. MacKellar previous to the January, April, and July examinations of the "Conjoint Board." The operations are performed by the students, subjects being provided at the expense of the school.

*Special classes* are held during the Summer Session and at other convenient times by Mr. Ballance and Mr. Battle, for students preparing for the higher examinations. The number of students to each subject is limited to two. (Fee, see p. 37.)

### **PATHOLOGY, PATHOLOGICAL ANATOMY, AND BACTERIOLOGY.**

**DR. SHARKEY, DR. HAWKINS, AND MR. SHATTOCK.**

A lecture on General Pathological Anatomy and the special diseases of organs is given by Dr. Hawkins once a week during the Winter Session. Each lecture is followed by a demonstration, in which the main points are illustrated by microscopical and museum preparations. Sections for microscopical examination are given to each student for preparation and mounting.

During the Winter, also, weekly Lectures and Demonstrations are given by Mr. Shattock on Surgical Pathology and Bacteriology. These lectures especially deal with the pathological questions touched upon in the systematic course of surgery.

During the Summer Session two lectures are given weekly by Dr. Sharkey, followed by demonstrations. They deal with the diseases of those organs which have not been treated of in the winter course.

It is intended that, so far as possible, the subject of Pathology should be covered during the Winter and Summer Sessions of each year.

The Demonstrator of Morbid Histology holds occasional classes, in which the microscopical preparations contained in the pathological cabinet are shown and explained.

Students are selected annually to assist the Demonstrator of Morbid Histology.

Post-mortem examinations are performed daily at 2 p.m. by Dr. Hawkins or Dr. , and demonstrations given. Students are appointed to act as clerks, and are required to make examinations under the supervision of the demonstrators.

### **FORENSIC MEDICINE AND TOXICOLOGY.**

**DR. CORY AND MR. MACKELLAR.**

A three months' course of lectures is given during the Summer Session.

The Medical Section is taken by Dr. Cory.

The Surgical Section and Toxicology by Mr. MacKellar.

The lectures cover the synopses of the various Examining Boards, and are supplemented in the toxicological section by demonstrations by the Lecturer on Chemistry. (See p. 23.)

## MENTAL DISEASES.

DR. RAYNER.

A three months' course of lectures is given during the Summer Session, comprising Symptomatology, Causation, States and Forms of Disease.

1. Mental Defects—Idiocy, Imbecility, etc.
2. Mental disorders—(a) States of Mental Depression, Melancholia, etc. ; (b) States of Mental Exaltation, Mania, etc. ; (c) States of Stupor ; (d) States of Chronic Disorder, and Dementia.
3. Mental disorder in relation to diseases, causes, etc.
  - (a) General Paralysis, Epilepsy, and other Neuroses.
  - (b) Insanities of puberty, adolescence, pregnancy, parturition and lactation, climacteric and senile insanities.
  - (c) Insanities from injury, heat-stroke, fevers, etc.
  - (d) Insanities from alcohol, lead, and other toxic agencies.
  - (e) Insanity from Gout, Phthisis, and associated bodily diseases.
4. General Pathology.

Clinical Instruction is given by visits to Bethlem Hospital and other institutions for the Insane and Imbecile.

## DISEASES OF THE EYE.

MR. LAWFORD.

A course of about thirty lectures on the principal disorders and diseases of the Eye and its appendages is given during the Winter Session. Patients are frequently shown, or illustrative cases described.

An elementary class for learning the use of the Ophthalmoscope is held in October, January, and May. Ophthalmoscopic cases are shown once a week during the Winter Session.

Oral classes and demonstrations are held in connection with the Surgical tutorial classes for the examinations of the "Conjoint Board."

A *Special Course* of operations on the dead subject is given by Mr. Lawford. (Fee, see p. 37.)

## PUBLIC HEALTH.

DR. SEATON.

A course of lectures is given during the Summer Session, including :—

Statistics in relation to public health. Statutes relating to public health. Duties of sanitary authorities and their officers. House inspection, sanitary defects in houses injurious to health. Water supply, sources, distribution, and analysis. Infectious diseases, quarantine, isolation, hospitals temporary or permanent. Compulsory notification of infectious diseases, means of preventing spread of infectious diseases by schools. Vaccination and the prevention of small-pox. Meteorology in relation to epidemic diseases. Parasitic and other diseases of animals which may affect the health of man. Epidemics of illness traceable to milk and other foods. Construction and ventilation of sewers, methods of sewage disposal.

The lectures are supplemented by Public Health demonstrations, relating to water supply, systems of sewage disposal and purification, establishment and arrangement of Isolation Hospitals, house drainage, &c.

*Special Classes.*—A six months' course of laboratory instruction for the various diplomas in public health is given by Dr. Seaton, Mr. Shattock, and Mr. Dunstan. (Fee, see p. 37.)

A shorter course of one or two months for students who do not need the above is also given. (Fee, see p. 37.)

# DAYS AND HOURS OF LECTURES AND DEMONSTRATIONS.

## WINTER SESSION.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Years of Attendance
Elementary Biology.....Oct., Nov., Dec.	—	12	—	—	12	—	1st Year.
Physics, Chemistry & Practical Chemistry	11.30	—	—	—	10.30	10.30	do.
Descriptive and Surgical Anatomy... {	—	9.30	—	9.30	—	9.30	do.
	11	11	—	11	—	11	2nd Year.
Anatomical Demonstrations.....	10½-4½	10½-4½	10½-4½	10½-4½	10½-4½	10½-1	1st & 2nd.
Physiology .....	9.30	—	9.30	—	9.30	—	2nd Year.
Physiological { Jan., Feb., Mar.,	10.30	12	—	—	12	—	1st Year.
Demonstrations } Oct. to Mar.	12	—	—	12	10.30	—	2nd Year.
Practical Surgery ..... Oct., Nov., Dec.	—	9	—	—	—	—	3rd Year.
Comparative Anatomy (six lectures) .....	—	—	11	—	—	—	3rd Year.
Medicine..... { Oct., Nov., Dec.	9	—	—	9	9	—	do.
	4	—	—	4	4	—	
Surgery ..... { Oct., Nov., Dec.	—	—	9	12.30	—	9	do.
	9	—	—	9	9	—	
Surgical Pathology .....	—	—	12	—	—	—	do.
Diseases of Women .....	—	4	—	—	—	—	3rd or 4th.
Pathological Anatomy (Practical) .....	—	—	—	—	—	11½-1½	do.
Diseases of the Eye... { Oct., Nov., Dec.	—	5	—	—	5	—	do.
	—	5	—	—	—	—	do.
Obstetric Demonstrations (six) .....	—	—	4	—	—	—	do.

## SUMMER SESSION.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Years
Botany .....	—	10	10	—	—	—	1st Year.
Elementary Biology .....	10	—	—	—	10	—	do.
Materia Medica .....	—	—	—	2	—	11.30	do.
Chemistry and Practical Chemistry.....	11-1	—	—	—	11-1	9½-11½	do.
Practical Physiology.....	—	2	2	—	2	—	do.
Do. Advanced Voluntary Class .....	—	—	4.30	2	—	—	—
Anatomical Demonstrations .....	11-4	11-4	11-4	11-4	11-4	11-1	2nd Year.
Midwifery .....	—	9	9	9	9	—	do.
Comparative Anatomy (six lectures) .....	—	12	—	—	—	—	do.
Practical and Manipulative Surgery .....	9	—	—	—	—	—	do.
Pathological Anatomy .....	—	—	12.30	12.30	—	—	3rd Year.
Do. Demonstration.....	4.30	—	—	—	—	—	do.
Forensic Medicine .....	—	4	—	4	—	9	do.
Mental Diseases .....	—	—	—	—	12	—	3rd or 4th.
Public Health and Sanitary Science .....	12	—	—	—	—	—	do.
Pharmacology and Therapeutics.....	—	12	—	—	—	—	do.
Diseases of the Eye .....	5	—	—	—	—	—	do.

*The times of delivery of the Clinical Lectures are arranged, in accordance with other work, in the course of the Session.*



## SCHOLARSHIPS, PRIZES, APPOINTMENTS, AND HONORARY DISTINCTIONS.

### OPEN SCHOLARSHIPS IN NATURAL SCIENCE.

As an inducement to the study of Natural Science before the commencement of the strictly Medical Course, two Scholarships, of the value of £150 (*i.e.*, a free admission) and £60 respectively, are awarded annually, after an examination in Physics, Chemistry, and either Botany, Zoology or Physiology, at the option of Candidates. The standard, so far as the subjects are the same, will be that of the Preliminary Scientific Examination for Honours of the University of London.

These Scholarships are open to all Students who have passed a recognised Preliminary Examination in Arts, and have not yet attended Lectures on Anatomy of the first year, without any condition as to their becoming Students of the Hospital, except in the case of successful Candidates, who must enter at once as "Perpetual" Pupils. Chemistry and Physics are compulsory subjects for this Examination, and Candidates must take up one of the other subjects. The Examination will be conducted by means of written papers and practical work, and will be held on the 27th, 28th, and 29th of September, 1893. Competitors are required to send in their names with choice of optional subject and Certificate of Preliminary Examination to the Medical Secretary not later than September 17th.

### THE WILLIAM TITE SCHOLARSHIP.

This Scholarship, founded by the late Sir W. TITE, C.B., M.P., F.R.S., of the value of £27 10s., is awarded each year to the Student placed highest in the 1st Class List in the examinations at the end of the first Winter Session. Preference, in case of equality between Students, is to be given to the son of a medical man, and more particularly of one who has been educated at St. Thomas's Hospital or is in Practice in Bath.

### THE MUSGROVE SCHOLARSHIP.

This Scholarship, founded by Sir JOHN MUSGROVE, Bart., the late President of the Hospital, of the value of £38 10s., is awarded biennially to the Student who shall take the highest place in the 1st Class List in the examinations at the end of the Second Winter Session. It is tenable for two years, provided the holder obtains a place in the 1st Class in the Examinations at the end of the third winter.

### THE PEACOCK SCHOLARSHIP.

This Scholarship, founded by the will of the late Dr. THOMAS BEVILL PEACOCK, for many years Physician, and at the time of his death Consulting Physician to St. Thomas's Hospital, is of the same value as the Musgrove Scholarship; is awarded and held upon the same terms; and is given every second year in alternation with that Scholarship.

### THE BEANEY SCHOLARSHIP.

This Scholarship, founded by the will of the late Dr. BEANEY, of the value of £52 10s., is awarded biennially, after an examination in Surgery and Surgical Pathology, to a student who shall have completed his fourth, but not his sixth year. The examination is held during the Summer Session.



## PRIZES.

The following Scholarships, Prizes, and Medals, will be offered for Competition during the year 1893-1894:—

TWO OPEN SCHOLARSHIPS IN NATURAL SCIENCE of the value of £150 and £60 respectively, at Entrance.

AT THE END OF FIRST YEAR.

*Winter.*

1st. ...	The William Tite Scholarship	...	...	£27 10s.
2nd. ...	College Prize	...	...	£20.
3rd. ...	Ditto	...	...	£10.

*Summer.*

1st. ...	College Prize	...	...	£15.
2nd. ...	Ditto	...	...	£10.

SECOND YEAR.

*Winter.*

1st. ...	The Peacock Scholarship	...	...	£38 10s.
2nd. ...	College Prize	...	...	£20.
3rd. ...	Ditto	...	...	£10.

*Summer.*

1st. ...	College Prize	...	...	£15.
2nd. ...	Ditto	...	...	£10.

THIRD YEAR.

*Winter.*

Second Tenure of the Musgrove Scholarship (if holder obtains 1st Class in this examination)... £38 10s.

1st. ...	College Prize	...	...	£20.
2nd. ...	Ditto	...	...	£15.
3rd. ...	Ditto	...	...	£10.

*Summer.*

1st. ...	College Prize	...	...	£15.
2nd. ...	Ditto	...	...	£10.

Students of each year are classed according to their respective merits in the examinations, and those in the *first* class in each year receive Certificates of Honour, and a preference in the selection for Hospital Appointments.

Free Scholarships are given to distinguished Pupils of Merchant Taylors' and City of London Schools, and Epsom College.

In addition there are awarded—

THE CHESELDEN MEDAL, *Annually.*

THE MEAD MEDAL, *do.*

THE SOLLY MEDAL AND PRIZE, *Biennially.*

THE BEANEY SCHOLARSHIP, *do.*

THE GRAINGER TESTIMONIAL PRIZE, *Annually.*

THE TREASURER'S GOLD MEDAL, *do.*

THE BRISTOWE MEDAL, *do.*

Intending Competitors, especially those who have spent a part of their curriculum elsewhere, should apply to the Medical Secretary for detailed regulations.

The CHESELDEN MEDAL, founded by the late GEORGE VAUGHAN, Esq., is annually awarded to the Fourth Year's Student who most distinguishes himself in respect of a Special Practical Examination in Surgery and Surgical Anatomy.

The MEAD MEDAL, founded by Mr. and Mrs. NEWMAN SMITH, is awarded annually to a Fourth Year's Student, in respect of a Special Practical Examination in Medicine, Pathology and Hygiene.

The SOLLY MEDAL, together with a Prize in Money, will be awarded biennially. Those Students are eligible to compete who shall be of from three to six years' standing. The award is made for the best series of Reports of Surgical cases coming under the Student's personal observation in the Wards, not, however, to exceed ten in number.

The BRISTOWE MEDAL will be awarded annually in respect of a special Practical Examination in Pathology and Morbid Anatomy.

The GRAINGER TESTIMONIAL PRIZE, of the value of Fifteen Pounds, is awarded annually for work in Anatomy and Physiology. The conditions of competition for this Prize have recently been altered, and can be learnt from the Medical Secretary.

The TREASURER'S GOLD MEDAL for General Proficiency and Good Conduct, is awarded at the end of the 4th Winter Session to the Student who has passed through his pupilage in St. Thomas's Hospital in the most meritorious manner.

### APPOINTMENTS.\*

A RESIDENT ASSISTANT PHYSICIAN and a RESIDENT ASSISTANT SURGEON, at a salary of £100 per annum each, are from time to time appointed. The appointments are annual, but the tenure of office may be renewed for a term not exceeding three years.

TWO HOSPITAL REGISTRARS, at an annual Salary of £100 each, are appointed in each year. They are eligible for annual re-appointment, but may not hold office for more than five years. Preference will be given to Gentlemen who have been distinguished for merit, and have completed their studies in the School. The payment of the Registrars is subject to the presentation of a Report upon the Practice of the Hospital, and to such Report being regarded as satisfactory by the Medical Officers to whom it shall have been referred.

AN OBSTETRIC TUTOR AND REGISTRAR is appointed each year, at an annual salary of £50. He is eligible for annual reappointment, but may not hold office for more than five years consecutively. The holder of the office takes part in the tutorial instruction of students, under the direction of the Obstetric Physician.

**House Appointments, open to Students who have obtained their diplomas.**  
(*The duties of these offices commence on the first Tuesday in March, June, September, and December.*)

Four HOUSE PHYSICIANS, Four HOUSE SURGEONS, and Two ASSISTANT HOUSE SURGEONS, are selected every three months. Two of the House Physicians and the Assistant House Surgeons are non-resident, but the other Officers are provided with Rooms and Commons in the Hospital, free of expense.

A SENIOR and JUNIOR OBSTETRIC HOUSE PHYSICIAN are selected every three months. The former is provided with Rooms and Commons in the Hospital, free of expense. The latter is provided with Commons, and must live near the Hospital.

TWO OPHTHALMIC HOUSE SURGEONS are appointed for six months, one of whom receives a Salary at the rate of £50 per annum, and the other is provided with Commons. They must live near the Hospital.

CLINICAL ASSISTANTS in the Departments for Diseases of the Throat, Skin, and Ear, are appointed every three months.

In the Special Departments preference is given to those who have worked in a satisfactory manner therein as Clinical Clerks and Dressers.

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\* All these Appointments are open to Students without extra payment.

### Appointments for Un-qualified Students.

CLINICAL CLERKS and DRESSERS to In-patients are selected to the number of at least 100 each year, from amongst the most eligible pupils. The DRESSER on Accident Duty is provided with a Room and Commons in the Hospital. CLINICAL CLERKS and DRESSERS for the Out-patients are also appointed, to the number of at least 80 to 100 each year ; applicants are required to have passed the 2nd examination of the Conjoint Board, or an equivalent examination, and to have attended a course of instruction in Elementary Clinical Medicine (p. 25). (*The Duties commence on the first Tuesday in January, April, July, and October.*)

OBSTETRIC CLERKS are appointed, in rotation, from a list of Students who have entered their names for the purpose, have attended Lectures on Midwifery and a course of Practical Obstetrics, and have passed the "Second Conjoint," or an equivalent Examination. Each Clerk holds office for three weeks, and Certificates of Honour are awarded to those Gentlemen who have satisfactorily attended Sixty Maternity cases. About 50 Obstetric Clerks are appointed yearly.

ASSISTANTS TO THE TEACHERS OF PRACTICAL AND MANIPULATIVE SURGERY are appointed for the Winter and Summer Sessions.

ASSISTANTS TO THE LECTURER ON MATERIA MEDICA are appointed for the Summer Session.

Students are likewise appointed to act as ASSISTANTS to the DEMONSTRATORS OF MORBID HISTOLOGY and of MORBID ANATOMY.

ASSISTANTS IN THE PHYSIOLOGICAL LABORATORY are selected from Students who have completed their Second Winter Session. They receive Certificates of Honour according to merit.

PROSECTORS are appointed in the early part of the Winter Session, and receive Certificates of Honour if recommended.

### REGULATIONS FOR THE EXAMINATION AND CLASSIFICATION OF THE STUDENTS AT THE MEDICAL SCHOOL.

1. In accordance with the Regulations of the Qualifying Bodies, Students must attend the Class Examinations in the subjects for which they have to be certified, and show by their answers to the questions that they have paid proper attention to the Lectures, otherwise the signature to their Schedules may be withheld.

2. There shall be held at least two Examinations in each Winter and one in each Summer Session in each subject on which attendance is required during that Session, and the marks obtained in these Examinations shall be the basis for the Classification of Students and the Award of Prizes for each Session respectively. Provided that any extra Examination in the course of the Session, in any subject, be not allowed to interfere with the ordinary Lectures in other subjects.

3. The number of marks allotted to each subject in the following Schedule is not to be exceeded in case the number of Examinations held during the Session be more than two, but must be distributed amongst the several Examinations.

#### 1st YEAR'S SUBJECTS.

WINTER ...	Anatomy ... ..	500
	Practical Anatomy ... ..	300
	Physiology ... ..	350
	Elementary Biology ... ..	350
	Chemistry and Practical Chemistry ... ..	600
	Total ... ..	2100
SUMMER ...	Chemistry and Practical Chemistry ... ..	300
	Materia Medica ... ..	200
	Practical Physiology ... ..	300
	Total ... ..	800

#### 2nd YEAR'S SUBJECTS.

WINTER ...	Anatomy ... ..	500
	Practical Anatomy ... ..	300
	Physiology ... ..	600
	Practical Physiology ... ..	100
	Total ... ..	1500
SUMMER ...	Midwifery ... ..	500
	Practical Surgery ... ..	200
	Total ... ..	700

#### 3rd YEAR'S SUBJECTS.

WINTER ...	Medicine ... ..	650
	Surgery ... ..	650
	Practical Surgery ... ..	300
	Total ... ..	1600
SUMMER ...	Forensic Medicine ... ..	250
	Pathological Anatomy ... ..	350
	Total ... ..	600

4. Students must obtain at least one-third of the total number of marks in each subject, and not less than two-thirds of the total number allotted to all the subjects collectively, to be placed in the 1st Class.

Those who have obtained one-third of the total number of marks allotted to all the subjects collectively are placed in the 2nd Class.

The names of those who do not obtain either a 1st or 2nd Class position are not published, but a General List showing the exact position of each Student at every Examination is kept by the Secretary, from whom any Student can learn his own position, but no Lecturer shall make known to Students the number of marks obtained by any Student in any subject.

5. The Prizes shall be awarded to the Students holding the 1st, 2nd, and 3rd positions in the 1st Class of each Winter Session, and to those holding the 1st and 2nd positions of the 1st Class in each Summer Session.

6. The number of marks allotted to the Examinations for the MEAD and CHESELDEN Medals shall be 600 each.

7. In awarding the TREASURER'S Medal the number of marks obtained at the Sessional Examinations and in the MEAD and CHESELDEN Examinations shall be counted, provided that, as regards the Examination for the Medals, two-thirds of the maximum marks be obtained, but those obtained in the Entrance Scholarship Competition shall not be included.

8. The Authorities reserve the right of withholding any prize, if no competitor of sufficient merit present himself.

## Distribution of Prizes for the Past Sessions.

### SUMMER SESSION, 1892.

#### FIRST YEAR'S STUDENTS.

A. J. MARTINEAU, <i>Lupus Street</i>	...	...	{ College Prize, £15,
			and Certificate of Honour.
J. C. HARCOURT, <i>South Woodford</i>	...	...	{ College Prize, £10,
			and Certificate of Honour.
F. W. BINCKES, <i>Forest Hill</i>	...	...	Certificate of Honour.
B. DYBALL, <i>Brixton</i>	...	...	Certificate of Honour.
H. N. GOODE, <i>Kensington</i>	...	...	Certificate of Honour.
F. H. GERVIS, <i>Haverstock Hill</i>	...	...	Certificate of Honour.
C. E. DURRANT, <i>Kingston Hill</i>	...	...	Certificate of Honour.
M. TAKAYASU, <i>Japan</i>	...	...	Certificate of Honour.

#### SECOND YEAR'S STUDENTS.

E. O. THURSTON, <i>Panton Street</i>	} Æq.	...	{ College Prize, £15,
W. E. F. TINLEY, <i>Whitby</i>			and Certificate of Honour.
			{ College Prize, £10,
			and Certificate of Honour.

#### THIRD YEAR'S STUDENTS.

S. W. F. RICHARDSON, <i>Whitby</i>	...	...	{ College Prize, £15,
			and Certificate of Honour.
L. L. JENNER, <i>Bishop's Waltham</i>	...	...	{ College Prize, £10,
			and Certificate of Honour.
A. E. RUSSELL, <i>Greenwich</i>	...	...	Certificate of Honour.



## WINTER SESSION, 1892-3.

## ENTRANCE SCIENCE SCHOLARSHIPS.

A. W. SIKES, <i>Glarrycoyne, Blarney</i> ... ..	{	First Scholarship, and Certificate of Honour.
C. G. SELIGMANN, <i>Maida Vale</i> ... ..	{	Scholarship, £60, and Certificate of Honour.

## FIRST YEAR'S STUDENTS.

A. W. SIKES, <i>Glarrycoyne, Blarney</i> ... ..	{	The Wm. Tite Scholarship, £27 10s., and Certificate of Honour.
J. P. SCATCHARD, <i>Boston Spa</i> ... ..	{	College Prize, £20, and Certificate of Honour.
L. GILBERT, <i>Finchley Road</i> } Æq.	{	College Prize, £10, and Certificates of Honour.
C. G. SELIGMANN, <i>Maida Vale</i> }		
W. J. FANNING, <i>Lexham Gardens</i> ... ..		Certificate of Honour.
H. J. MARRIAGE, <i>Aldgate</i> ... ..		Certificate of Honour.

## SECOND YEAR'S STUDENTS.

M. TAKAYASU, <i>Japan</i> ... ..	{	The Musgrove Scholarship, £38 10s., and Certificate of Honour.
A. J. MARTINEAU, <i>Lupus Street</i> ... ..	{	College Prize, £20, and Certificate of Honour.
A. H. STEWART, <i>Regent's Park</i> ... ..	{	College Prize, £10, and Certificate of Honour
J. C. HARCOURT, <i>South Woodford</i> ... ..		Certificate of Honour.

## THIRD YEAR'S STUDENTS.

G. G. GENGE, <i>Croydon</i> ... ..	{	College Prize, £20, with 2nd Tenure of Peacock Scholarship, and Certificate of Honour.
E. L. PERRY, <i>St. George's Square</i> ... ..	{	College Prize, £15, and Certificate of Honour.
E. O. THURSTON, <i>Panton Street</i> } Æq.	{	College Prize, £10, and Certificates of Honour.
W. E. F. TINLEY, <i>Whitby</i> }		

## PRACTICAL MEDICINE.

E. A. SAUNDERS, <i>Balham</i> ... ..	{	The Mead Medal, founded by Mr. and Mrs. NEWMAN SMITH.
A. E. RUSSELL, <i>Greenwich</i> ... ..		Certificate of Honour.

## SURGERY AND SURGICAL ANATOMY.

S. W. F. RICHARDSON, <i>Whitby</i> ... ..	{	The Cheselden Medal, founded by the late GEORGE VAUGHAN, Esq.
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## FOR GENERAL PROFICIENCY AND GOOD CONDUCT.

S. W. F. RICHARDSON, <i>Whitby</i> ... ..	The Treasurer's Gold Medal.
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# CERTIFICATES OF HONOUR.

## ANATOMICAL REGISTRARS.

G. G. GENGÉ		L. J. MISKIN.
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## PROSECTORS.

J. C. HARCOURT		M. TAKAYASU
A. J. MARTINEAU		A. WARNER

## ASSISTANTS IN THE PHYSIOLOGICAL LABORATORY.

H. C. CROUCH		E. H. T. NASH
W. D. FRAZER		E. L. PERRY
P. W. KENT		R. G. STRANGE

## PATHOLOGICAL ASSISTANTS.

H. M. HARRISON		A. E. RUSSELL
H. M. MOORE		E. A. SAUNDERS
S. W. F. RICHARDSON		

## HOUSE PHYSICIANS.

		Non-Resident.
W. A. BOWRING		W. P. FOOKS
W. WATKINS-PITCHFORD		A. DALZELL
C. S. JAFFE		E. M. HAINWORTH
A. R. O. MILTON		M. R. P. DORMAN

## HOUSE SURGEONS.

A. BANKS		W. P. PURVIS
H. BURDEN		R. R. LAW
J. H. FISHER		W. G. SUTCLIFFE
P. J. ATKEY		W. L. WAINWRIGHT

## ASSISTANT HOUSE SURGEONS.

A. BANKS		W. P. PURVIS
J. H. FISHER		W. L. WAINWRIGHT
R. R. LAW		C. S. WALLACE
W. G. SUTCLIFFE		E. SMITH

## OBSTETRIC HOUSE PHYSICIANS.

Senior		Junior
W. L. WAINWRIGHT		C. LATTER
T. H. HAYDON		C. S. WALLACE
C. S. WALLACE		R. K. ELLIS
R. K. ELLIS		W. A. BOWRING

## OPHTHALMIC HOUSE SURGEONS.

J. FISHER		E. P. ISAACS
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## CLINICAL ASSISTANTS IN THE SPECIAL DEPARTMENTS.

Throat		Skin		Ear
M. R. P. DORMAN		C. P. LOVELL		H. J. FREDERICK
T. W. HICKS		A. H. WOODCOCK		A. E. PRICE
H. J. FREDERICK		G. W. H. BIRD		L. D. GOVER

The following Distinctions in the University of London have been obtained by Students of St. Thomas's Hospital during the past year :—

## HONOURS EXAMINATIONS—UNIV. LOND.

Scholarship and Gold Medal in Medicine, Scholarship and Gold Medal in Obstetric Medicine (M.B.), Mr. S. G. TOLLER.

First Class in Medicine and Third Class in Obstetric Medicine (M.B.), Mr. C. R. BOX.

Second Class in Medicine, Second Class in Obstetric Medicine, and Third Class in Forensic Medicine (M.B.), Mr. W. P. PURVIS.

Second Class in Anatomy (Intermed. M.B.), Mr. L. J. MISKIN.

## FEES FOR ATTENDANCE ON THE LECTURES

AND ON THE

## PRACTICE OF THE HOSPITAL.

## COMPOSITION FEES.

The Composition Fee\* to Hospital Practice and Lectures may be paid in the following ways :

- 1st. One Hundred and Fifty Pounds on entrance in one sum ;
- 2nd. One Hundred and Fifty-seven Pounds Ten Shillings in instalments ;
  - (a) By two payments, £85 on entrance, and £72 10s. at the beginning of the second year ;
  - (b) By three payments, £75 at the beginning of the first year, £50 at the beginning of the second year, and £32 10s. at the beginning of the third year ;
  - (c) By four payments, £65 at the beginning of the first year, £50 at the beginning of the second year, £30 at the beginning of the third year, and £12 10s. at the beginning of the fourth year.

Gentlemen entering at St. Thomas's for Lectures and Hospital Practice of the second and subsequent years pay £130 on entrance, or three instalments of £52 10s., £42, and £42 (see pages 18 and 19). Students entering for Lectures and Hospital Practice of third and subsequent years (see page 19) pay a composition fee of £80, or £52 10s. on entrance, and £31 10s. one year subsequently.

The Fee for attendance on the *general* subjects required of Students in Dental Surgery, is for the two years, £65, or by instalments, £55 for the first year, and £15 for the second year. If certificates for *Dental* practice are also required, the special fee for that subject (page 37) has to be paid.

[N.B.—It should be understood that the Composition or "Perpetual"

Fees are intended to cover unlimited attendance on Lectures and Hospital Practice. If, however, a student fail to pass the several professional examinations within periods deemed reasonable by the School authorities, his rights as a Student may be suspended or determined at any time by the School Committee, with the approval of the Treasurer.]

Legally qualified Medical Practitioners are admitted to the Hospital practice, and to the Lectures and Library, on payment of a fee of £15 15s. for unlimited attendance ; but are not entitled to receive certificates for such attendance without payment for the special certificates required (see p. 37).

\* Students who have commenced the study of the Profession otherwise than by attendance at a Medical School, will be considered to be first year's Students, on joining the Medical School, but a deduction from the Composition Fee will be allowed in such cases.

NOTE.—Cheques may be made payable to the Medical Secretary, and crossed "London and County Bank, Lambeth."

The Courses may be attended separately on the following terms, which entitle to Certificates for such Attendances.

*For the Medical and Surgical Practice, including Clinical Lectures and the Special Departments.*

Three months ... ..	£21.	Twelve months... ..	£36 15s.
Six months ... ..	£26 5s.	Unlimited ... ..	£73 10s.

The Practice of the Medical or Surgical Wards, or any one of the Special Departments, may be attended separately.

	<i>Medical or Surgical.</i>	<i>Each Special Department.</i>
Three months ... ..	£15 15s.	£5 5s.
Six months ... ..	£21.	£10 10s.
Twelve months ... ..	£26 5s.	£15 15s.

*Lectures and Demonstrations.*

Anatomy, Physiology ... ..	each	£10 10s.
Practical Anatomy (twelve months), Practical Physiology, including Histology ... ..	each	£10 10s.
Medicine, Surgery, Chemistry ... ..	"	£7 7s.
Midwifery ... ..	"	£6 6s.
Pharmacology and Therapeutics, Physics, Forensic Medicine each		£5 5s.
Pathology, including Pathological Histology ... ..	"	£8 8s.
Public Health, Insanity, Diseases of the Eye ... ..	each	£3 3s.
Practical Medicine, Practical Obstetrics, Laryngology ... ..	"	£3 3s.
Practical Surgery, Practical Chemistry, Elementary Biology ..	"	£6 6s.
Demonstrations in Post-Mortem room (twelve months) ... ..		£10 10s.

NOTE.—A small charge for materials is made for all Practical Courses taken separately.

**SPECIAL COURSES (not included in the Composition Fee) and EXTRA EXPENSES.**

Comparative Anatomy ... ..	£2 2s.
Botany ... ..	£3 3s.
Operative Surgery ... ..	£5 5s.
Ditto of Eye ... ..	£2 2s.
Advanced Anatomy, Advanced Physiology ... ..	each £6 6s.
Public Health—Six months' Laboratory Instruction for the Diploma ... ..	£21.
Ditto Short Course ... ..	£6 6s.
Vaccination ... ..	£1 1s.
Practical Pharmacy ... ..	£3 3s.
Attendance at a Fever Hospital of the Metropolitan Asylums Board ... ..	£3 3s.

Students who pay a Composition Fee are now supplied with chemicals and materials for one course of Practical Chemistry, Practical Physiology, and Elementary Biology without extra charge, but there are certain instruments and materials required during the course of study, as follows, viz. :

Those attending Practical Physiology and Physiological Demonstrations must provide themselves with Microscopes.

Students Dissecting pay for the "parts" they dissect at fixed rates, which are notified in the Library.

Each Clinical Clerk must provide himself with a Stethoscope and Registering Clinical Thermometer. Each Dresser is required to have a Registering Clinical Thermometer, a Pocket Case of Instruments, and a Case of Silver or Plated Catheters.

# UNIVERSITY OF LONDON.

## Preliminary Scientific and Intermediate M.B. Classes.

### PRELIMINARY SCIENTIFIC EXAMINATION.

Special instruction in the subjects required for this Examination is given in the form of (a) Lectures and (b) Classes, from October to July.

		Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
Botany.	{ Lectures (Summer)	—	10.0	10.0	—	—	—
A. W. BENNETT, M.A.	{ Classes (Winter & Summer)	—	—	11.0	—	—	—
Chemistry.	{ Lectures (Winter)	11.30	—	—	—	10.30	10.30
W. R. DUNSTAN, M.A.,	{ Practical (Winter)	—	2.30	—	—	—	—
F.R.S.	{ „ (Summer)						
			Laboratory open daily				
Physics.							
W. R. DUNSTAN, M.A.,	{ Lectures } Winter	—	—	9.30	—	—	—
F.R.S., and	{ and						
W. H. INCE, Ph.D.	{ Practical Work } Summer	—	—	9.0	9.0	—	—
Zoology.	{ Classes (Winter)	—	—	1.30	—	—	—
F.G. PARSONS, F.R.C.S.	{ „ (Summer)	—	—	—	10.30	—	—

N.B.—A Microscope and simple Dissecting Apparatus must be provided by each Member of the Class, and Two Guineas are charged for materials.

Fee, inclusive of Practical Chemistry ... .. *Sixteen Guineas.*

Fee for any single subject ... .. *Five Guineas.*

Subsequent Courses, half Fee, if recommended by the respective Teachers.

In the Practical Classes of Botany and Zoology, each Student has the opportunity of dissecting the chief types.

### INTERMEDIATE EXAMINATION IN MEDICINE.

Special Classes in Anatomy, Physiology and Histology, Organic Chemistry, Materia Medica and Pharmaceutical Chemistry are held by the Lecturers and Demonstrators for the July Examination.

Fee to Students of the Hospital, inclusive of

Organic Analysis and Chemicals\* ... .. *Nine Guineas.*

To others ditto ... .. *Twelve Guineas.*

Fee for any Single Subject ... .. *Three Guineas.*

Subsequent Courses, half Fee, if recommended by the respective Teachers (except Chemicals, for which full fee is charged).

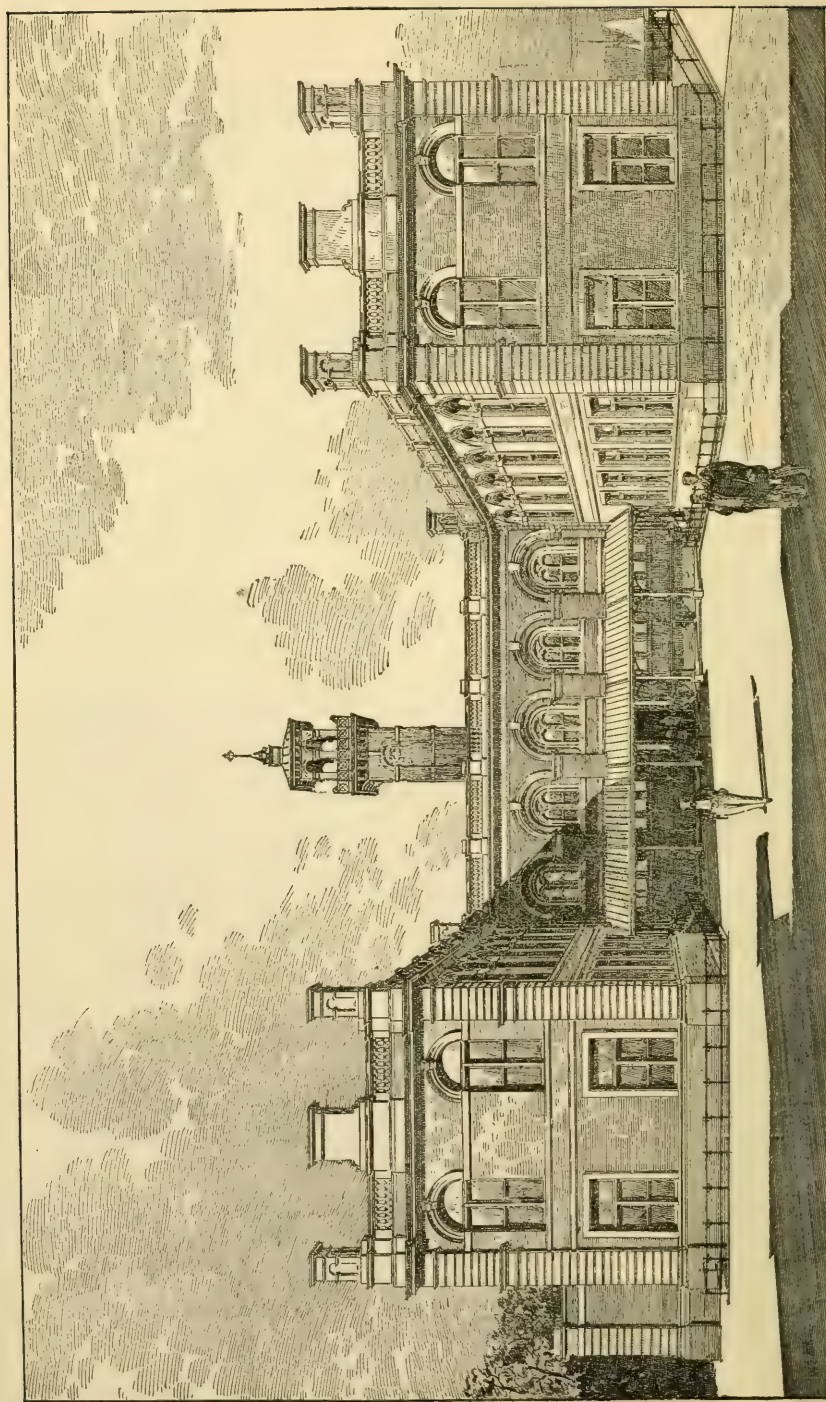
\* Instruction and Practice in Organic Analysis is essential for this Examination.

NOTE.—Private Classes are held for the Final M.B. Examination.



To Subscribers in Great Britain and Countries within the Postal Union	...	6s.	6d.
To Non-Subscribers	do. do. do.	...	8s. 6d.





MEDICAL SCHOOL, WITH RECENT ADDITIONS, NORTH VIEW.

# SEPTEMBER, 1893.

1	F	
2	S	
3	S	Fourteenth Sunday after Trinity.
4	M	
5	Tu	House Officers, &c., commence duty.
6	W	Last day for applications for Clinical Clerkships and
7	Th	[Dresserships.]
8	F	
9	S	
10	S	Fifteenth Sunday after Trinity.
11	M	
12	Tu	
13	W	
14	Th	
15	F	
16	S	
17	S	Sixteenth Sunday after Trinity.
18	M	Last day for Entry for B.Sc. Exam., Univ. Lond.
19	Tu	
20	W	Meeting to appoint Clinical Clerks and Dressers.
21	Th	St. Matthew.
22	F	
23	S	
24	S	Seventeenth Sunday after Trinity.
25	M	
26	Tu	
27	W	
28	Th	
29	F	Michaelmas Day.
30	S	Last day for Essay for Grainger Prize.

*Preliminary Examination in Arts of the Society of Apothecaries held this month.  
The Hospital Entrance Science Scholarships Examination takes place during the  
last week of this month.*

# OCTOBER, 1893.

1	S	Eighteenth Sunday after Trinity.
2	M	Last day for Entry Univ. Lond. M.B. Exam.
3	Tu	Distribution of Prizes, 3 P.M. Annual Dinner. Clinical
4	W	[Clerks and Dressers commence duty.
5	Th	
6	F	Meeting of Library Committee.
7	S	
8	S	Nineteenth Sunday after Trinity.
9	M	
10	Tu	
11	W	
12	Th	
13	F	
14	S	
15	S	Twentieth Sunday after Trinity.
16	M	Univ. Lond. B.Sc. Exam.
17	Tu	
18	W	St. Luke.
19	Th	
20	F	
21	S	
22	S	Twenty-first Sunday after Trinity.
23	M	
24	Tu	
25	W	
26	Th	
27	F	
28	S	St. Simon and St. Jude.
29	S	Twenty-second Sunday after Trinity.
30	M	Univ. Lond. M.B. Exam.
31	Tu	

*The Registration and Museum Committees meet during this month.*

*The Primary Examination of the Society of Apothecaries is held Quarterly, in the months of October, January, April, and July. The Final is held monthly; the Surgical part commences on the second Wednesday, and the Medical on the Monday following.*

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

# NOVEMBER, 1893.

1	W	All Saints. Last day for applications for House Offices, &c.*
2	Th	Notice—30th, last day for applications for Medical and
3	F	[Surgical Registrarships.
4	S	
5	S	Twenty-third Sunday after Trinity.
6	M	Entry for M.D. and M.S. Exams. Univ. Lond.
7	Tu	
8	W	Meeting to appoint House Officers, &c.
9	Th	Prince of Wales born, 1841.
10	F	
11	S	
12	S	Twenty-fourth Sunday after Trinity.
13	M	
14	Tu	
15	W	
16	Th	
17	F	
18	S	Univ. Lond. B.Sc. Pass List published.
19	S	Twenty-fifth Sunday after Trinity.
20	M	
21	Tu	Univ. Lond. M.B. Pass List published. Last day for
22	W	[Entry for B.S. Exam., Univ. Lond.
23	Th	Univ. Lond. M.B. Honours Exam.
24	F	
25	S	
26	S	Twenty-sixth Sunday after Trinity.
27	M	
28	Tu	
29	W	
30	Th	St. Andrew. Last day for applications for Medical and
		[Surgical Registrarships.

*Examinations for the Fellowship of the Royal College of Surgeons of England held this month.*

\* *Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity Cases attended.*

# DECEMBER, 1893.

1	F	
2	S	
3	§	Advent Sunday.
4	M	Univ. Lond. M.D. and M.S. Exam. [mence duty.
5	Tu	Univ. Lond. B.S. Exam. House Officers, &c., com-
6	W	Last day for applications for Clinical Clerkships and
7	Th	[Dresserships.
8	F	
9	S	
10	§	Second Sunday in Advent.
11	M	Last day for Entry for Matriculation Univ. Lond.
12	Tu	
13	W	Meeting to appoint Clinical Clerks and Dressers.
14	Th	
15	F	
16	S	
17	§	Third Sunday in Advent.
18	M	1st Sessional Exam. commences. Last day for Entry for
19	Tu	Prel. Sci. and Int. Med. Exam. Univ. Lond.
20	W	Univ. Lond. M.D. List published.
21	Th	St. Thomas.
22	F	
23	S	
24	§	Fourth Sunday in Advent.
25	M	CHRISTMAS DAY.
26	Tu	Saint Stephen.
27	W	Saint John, Evang.
28	Th	Holy Innocents.
29	F	
30	S	
31	§	First Sunday after Christmas.

*University of Cambridge First, Second, and Third M.B. Examinations are held this month.*

*Preliminary Examination in Arts of the Society of Apothecaries held this month.*

*Examinations for Diploma in Public Health of the Royal Colleges of Physicians and Surgeons held this month.*



# JANUARY, 1894.

1	M	Circumcision.
2	Tu	Clinical Clerks and Dressers commence duty.
3	W	
4	Th	
5	F	
6	S	Meeting of Library Committee. Epiphany.
7	S	First Sunday after Epiphany.
8	M	Univ. Lond. Matriculation Examination.
9	Tu	
10	W	
11	Th	
12	F	
13	S	
14	S	Second Sunday after Epiphany.
15	M	Univ. Lond. Prelim. Scientific (M.B.) Exam. and Intermd. [Exam. in Medicine.
16	Tu	
17	W	
18	Th	
19	F	
20	S	
21	S	Septuagesima Sunday.
22	M	Conversion of St. Paul.
23	Tu	
24	W	
25	Th	
26	F	
27	S	
28	S	Sexagesima Sunday.
29	M	
30	Tu	
31	W	

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

*The Registration and Museum Committees meet during this month.*

# FEBRUARY, 1894.

1	Th	
2	F	
3	S	
4	S	Quinquagesima Sunday.
5	M	
6	Tu	
7	W	Ash Wednesday. Univ. Lond. Prel. Sci. (M. B.) List
8	Th	[published. Last day for applications for House Offices,
9	F	[&c.*
10	S	Queen Victoria married, 1840.
11	S	First Sunday in Lent.
12	M	
13	Tu	Univ. Lond. Int. Med. Pass List published.
14	W	Univ. Lond. Matric. List published. Meeting to appoint
15	Th	[House Officers, &c.
16	F	
17	S	
18	S	Second Sunday in Lent.
19	M	
20	Tu	
21	W	
22	Th	
23	F	
24	S	St. Matthias.
25	S	Third Sunday in Lent.
26	M	
27	Tu	
28	W	

\* Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity cases attended.

# MARCH, 1894.

1	TH	
2	F	
3	S	
4	S	Fourth Sunday in Lent.
5	M	
6	TU	House Officers, &c., commence duty.
7	W	Last day for applications for Clinical Clerkships and
8	TH	[Dresserships.
9	F	
10	S	Prince of Wales married, 1863.
11	S	Fifth Sunday in Lent.
12	M	
13	TU	
14	W	Meeting to appoint Clinical Clerks and Dressers.
15	TH	
16	F	
17	S	
18	S	Palm Sunday.
19	M	
20	TU	
21	W	
22	TH	
23	F	Good Friday.
24	S	
25	S	Easter Sunday. Annunciation. LADY DAY.
26	M	Bank Holiday.
27	TU	
28	W	
29	TH	
30	F	Registrar's Report for last year due. Last day for Reports
31	S	[for Solly Medal.

*Preliminary Examination in Arts of the Society of Apothecaries held this month.*

APRIL, 1894.

1	S	First Sunday after Easter. Low Sunday.
2	M	
3	Tu	Clinical Clerks and Dressers commence duty.
4	W	
5	Th	
6	F	Meeting of Library Committee.
7	S	
8	S	Second Sunday after Easter.
9	M	Last day for Entry for M.B. Exam. Univ. Lond.
10	Tu	
11	W	
12	Th	
13	F	
14	S	
15	S	Third Sunday after Easter.
16	M	
17	Tu	
18	W	
19	Th	
20	F	
21	S	
22	S	Fourth Sunday after Easter.
23	M	
24	Tu	
25	W	St. Mark.
26	Th	
27	F	
28	S	
29	S	Fifth Sunday after Easter. Rogation Sunday.
30	M	

*Univ. Camb. Third M.B. and First, Second, and Third Examinations of the Examining Board in England are held this month.*

*The Examinations for the Mead and Cheselden Medals take place this month.*

*The Annual Inspection of the Museum and meeting of Museum Committee take place during this month.*

*The Registration Committee meets during this month.*

# MAY, 1894.

1	TU	St. Philip and St. James. Summer Session commences.
2	W	Last day for applications for House Offices, &c.*
3	TH	Ascension Day. Holy Thursday.
4	F	
5	S	
6	S	Sunday after Ascension Day.
7	M	Univ. Lond. M.B. Exam.
8	TU	
9	W	Meeting to appoint House Officers, &c.
10	TH	
11	F	First Stone of St. Thomas's New Hospital laid by H.M.
12	S	[the Queen, 1868.]
13	S	WHIT SUNDAY.
14	M	Bank Holiday. No Lectures. Last day for Entry for
15	TU	[Matric. Univ. Lond.]
16	W	
17	TH	
18	F	
19	S	
20	S	TRINITY SUNDAY.
21	M	
22	TU	
23	W	
24	TH	Queen Victoria born, 1819.
25	F	
26	S	
27	S	First Sunday after Trinity.
28	M	
29	TU	Univ. Lond. M.B. Pass List published.
30	W	
31	TH	

*Examinations for the Fellowship of the Royal College of Surgeons of England held this month.*

*\* Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity Cases attended.*



# JUNE, 1894.

1	F	
2	S	
3	S	Second Sunday after Trinity.
4	M	
5	TU	House Officers, &c., commence duty.
6	W	Last day for applications for Clinical Clerkships and
7	TH	[Dresserships.
8	F	
9	S	
10	S	Third Sunday after Trinity.
11	M	St. Barnabas. Univ. Lond. Matric. Exam. Last day for
12	TU	[Entry for Int. Med. Exam. Univ. Lond.
13	W	Meeting to appoint Clinical Clerks and Dressers.
14	TH	
15	F	
16	S	
17	S	Fourth Sunday after Trinity.
18	M	Last day for Entry for Prel. Sci. (M.B.) Exam. Univ.
19	TU	[Lond.
20	W	Queen's Accession.
21	TH	New St. Thomas's Hospital opened by H. M. the Queen,
22	F	[1871.
23	S	
24	S	Fifth Sunday after Trinity. St. John Baptist. Midsummer
25	M	[Day.
26	TU	
27	W	Queen Victoria crowned, 1838.
28	TH	
29	F	St. Peter.
30	S	

*The Harveian Oration is delivered at the Royal College of Physicians annually in the month of June.*

*Doctor of Science Examination at London University takes place within the first 21 days of June.*

*Univ. Camb. First and Second M.B. Examinations are held within the first 14 days of June.*

*Preliminary Examination in Arts of the Society of Apothecaries held this month.*

*Examinations for Diploma in Public Health of the Royal Colleges of Physicians and Surgeons held this month.*

# JULY, 1894.

1	§	Sixth Sunday after Trinity.
2	M	
3	Tu	Clinical Clerks and Dressers commence duty.
4	W	Last day for applications for House Offices, &c., for
5	Th	[September.*
6	F	Meeting of Library Committee.
7	S	
8	§	Seventh Sunday after Trinity.
9	M	Univ. Lond. Int. Med. Exam.
10	Tu	
11	W	Meeting to appoint House Officers, &c., for September.
12	Th	
13	F	
14	S	
15	§	Eighth Sunday after Trinity.
16	M	Univ. Lond. Prelim. Scientific (M.B.) Exam.
17	Tu	
18	W	Univ. Lond. Matric. List published.
19	Th	
20	F	
21	S	
22	§	Ninth Sunday after Trinity.
23	M	
24	Tu	
25	W	St. James.
26	Th	
27	F	
28	S	
29	§	Tenth Sunday after Trinity.
30	M	
31	Tu	

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

*The Registration and Museum Committees meet during this month.*

*\* Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity Cases attended.*

# AUGUST, 1894.

1	W	
2	TH	
3	F	
4	S	
5	S	Eleventh Sunday after Trinity.
6	M	Bank Holiday.
7	TU	Univ. Lond. Int. Med. Pass List published.
8	W	Univ. Lond. Prelim. Sci. Pass List published.
9	TH	
10	F	
11	S	
12	S	Twelfth Sunday after Trinity.
13	M	
14	TU	
15	W	
16	TH	
17	F	
18	S	
19	S	Thirteenth Sunday after Trinity.
20	M	
21	TU	
22	W	
23	TH	
24	F	St. Bartholomew.
25	S	
26	S	Fourteenth Sunday after Trinity.
27	M	
28	TU	
29	W	
30	TH	
31	F	

# SEPTEMBER, 1894.

1	S	
2	S	Fifteenth Sunday after Trinity.
3	M	
4	Tu	House Officers, &c., commence duty.
5	W	Last day for applications for Clinical Clerkships and
6	Th	[Dresserships.
7	F	
8	S	
9	S	Sixteenth Sunday after Trinity.
10	M	
11	Tu	
12	W	
13	Th	
14	F	
15	S	
16	S	Seventeenth Sunday after Trinity.
17	M	Last day for Entry for B.Sc. Exam., Univ. Lond.
18	Tu	
19	W	Meeting to appoint Clinical Clerks and Dressers.
20	Th	
21	F	St. Matthew.
22	S	
23	S	Eighteenth Sunday after Trinity.
24	M	
25	Tu	
26	W	
27	Th	
28	F	
29	S	Michaelmas Day. Last day for Essay for Grainger Prize.
30	S	Nineteenth Sunday after Trinity.

*Preliminary Examination in Arts of the Society of Apothecaries held this month.  
The Hospital Entrance Science Scholarships Examination takes place during the last week of this month.*





## LIST OF STUDENTS

WHO HAVE OBTAINED

## Honours in the Annual Examinations.

*w refers to Winter and s to Summer Session.**The Addresses are those given at the time of Entry.*ABBOTT (F. C.),<sup>\*</sup> Gorleston.

w 1884-5. 1st Year Student, 1st Entrance Science Scholarship, The Wm. Tite Scholarship.

s 1885. 1st Year Student, 1st Coll. Prize.

w 1885-6. 2nd Year Student, The Peacock Scholarship.

w 1886-7. 3rd Year Student, 2nd tenure of Peacock Scholarship with 1st Coll. Prize.

w 1887-8. 4th Year Student, The Cheselden Medal; Treasurer's Gold Medal.

ACLAND (T. D.),<sup>†</sup> Oxford.

w 1877-8. 3rd Year Physical Society's Prize. Paper published in Hospital Reports, Vol. VIII.

w 1878-9. 4th Year Student. Mead Medal.

ADDY (B.), West Deeping, Lincolnshire.

1869. 1st Year Student, 1st Coll. Prize; Physical Society's 1st Year's Prize.

1870. 2nd Year Student, 1st Coll. Prize; Physical Society's 2nd Year's Prize.

1871. 3rd Year Student, 1st Coll. Prize; Prosector's Prize; Treasurer's Gold Medal.

ALLINGHAM (W.),<sup>‡</sup> Bermondsey.

1852. Descriptive Anatomy, Hon. Cert.; Chemistry, Hon. Cert.

1853. Midwifery, Hon. Cert.

1854. Medicine, Hon. Cert.; Descriptive Anatomy, Prize; Midwifery, Hon. Cert.; Physical Society's Essay, Prize; Surgery, Prize; Physiology, Hon. Cert.

1855. Medicine, Prize; Descriptive Anatomy, Hon. Cert.; Physiology, Hon. Cert.; Clinical Medicine, President's Prize; Clinical Medicine, Treasurer's Prize.

ANDERSON (W.),<sup>§</sup> Clapham, Surrey.

1865. 1st Year Student, 3rd Coll. Prize.

1866. 2nd Year Student, 3rd Coll. Prize.

1867. 3rd Year Student, 1st Coll. Prize; Physical Society's 3rd Year's Prize; Cheselden Medal.

ARMSTRONG (H. G.), Reading.

s 1872. 1st Year Student, Hon. Cert.

w 1874. 3rd Year Student, 3rd Coll. Prize.

ATKINSON (F. P.), Kew.

1861. 1st Year Matriculation Examination—Classics and Mathematics, Hon. Cert.

ATKINSON (J.), Kirkby-Lonsdale.

1853. Chemistry, Hon. Cert.

AVELING (C. T.), Shacklewell.

1865. Matriculation Examination—Physics and Natural History, 1st Coll. Prize; 1st Year Student, 1st Coll. Prize.

1864. 2nd Year Student, 2nd Coll. Prize.

1865. 3rd Year Student, 3rd Coll. Prize.

BAILEY (J. H. T.), Greenwich.

1843. Materia Medica, Hon. Cert.

BAIN (J.)

1855. Midwifery, Hon. Cert.

BALLANCE (C. A.),<sup>||</sup> Lower Clapton.

w 1875-6. 1st Year Student, Hon. Cert.

w 1876-7. 3rd Year Student, 3rd Coll. Prize, and Physical Society's 3rd Year's Prize.

1880. The Solly Medal and Prize.

BANKS (A.), Clapham.

w 1887-8. 1st Year Student, 1st Coll. Prize.

s 1890. 3rd Year Student, 2nd Coll. Prize.

w 1890-1. 4th Year Student, The Cheselden Medal.

BARKER (F. R.), Aldershot.

w 1875. Prosector's Prize.

BARRON (H. J.), Guilford Street, Russell Square.

w 1877-8. 2nd Year Student, Prosector's Prize.

<sup>\*</sup> Surgical Lecturer and Demonstrator of Anatomy at St. Thomas's Hospital.<sup>†</sup> Assistant Surgeon, St. Thomas's Hospital. Assistant Physician, Brompton Hospital.<sup>‡</sup> Late Surgeon, St. Mark's Hospital and to Great Northern Hospital, formerly Surgical Tutor, Demonstrator of Anatomy, and Surgical Registrar at St. Thomas's Hospital.<sup>§</sup> Surgeon, Surgeon for Skin Diseases to, and Joint Lecturer on Anatomy at, St. Thomas's Hospital.

Professor of Anatomy to the Royal Academy. Member of the Board of Examiners in Anatomy to the Licensing Body in England.

<sup>||</sup> Assistant Surgeon, Surgeon for Diseases of the Ear, and Teacher of Practical Surgery, St. Thomas's Hospital. Assistant Surgeon to the Hospital for Sick Children, Great Portland Street. Late Assistant Surgeon to the West London Hospital. Late Surgical Registrar and Demonstrator of Anatomy at St. Thomas's Hospital.

- BARWELL (R.),**<sup>\*</sup> Norwich.  
 1847. Medicine, Hon. Cert.;  
 Midwifery, Hon. Cert.  
 1848. Physical Society's Essay, Treasurer's Prize;  
 Physiology and Anatomy, Hon. Cert.;  
 Midwifery, Hon. Cert.;  
 Dresser's Surg. Repts., Hon. Cert.  
 1850. Clinical Medicine, Prize.
- BATESON (J. M.),** Kirkby-Lonsdale.  
 1855. Chemistry, Hon. Cert.
- BATTLE (W. H.),**<sup>†</sup> Hanworth, Lincolnshire.  
 s 1874. Hon. Cert.  
 w 1875. 2nd Year Student, 3rd Coll. Prize.  
 w 1876-7. 3rd Year Student, The First Solly Medal and Prize.
- BEAL (P.),** Plymouth.  
 1844. Chemistry, 2nd Prize.
- BEARDSLEY (A.),** Shipley, Derby.  
 1843. Midwifery, 2nd Prize.
- BEDFORD (R. J.),**<sup>‡</sup> Sleaford.  
 1858. Midwifery, Hon. Cert.
- BENWELL (H. D.),** Greenwich.  
 1843. Chemistry, 2nd Prize.  
 1845. Physiology and Anatomy, Medal.  
 1847. Clinical Medical Reports, Prize;  
 Gen. Proficiency, Trea. Medal.
- BELL (C. N.),** Rochester.  
 1867. 3rd Year Student, 3rd Coll. Prize.
- BELL (J. V.),** Rochester.  
 1859. 1st Year Student, Treasurer's 2nd Prize; Matriculation Examination Classics and Mathematics, Hon. Cert.  
 1860. 2nd Year Student, Hon. Cert.  
 1861. 3rd Year Student, 3rd Coll. Prize.
- BERNAYS (H. L.),** Chatham.  
 w 1873. Prosector's Prize.
- BERNAYS (A. V.),** Great Stanmore.  
 s 1876. 1st Year Student, Hon. Cert.  
 w 1880-1. 3rd Year Student, 1st Coll. Prize.
- BICKLE (L. W.),** St. Leonard's-on-Sea.  
 s 1878. 1st Year Student, 3rd Coll. Prize.  
 s 1879. 2nd Year Student, 1st Coll. Prize.
- BIDDLE (D.),** Wotton-under-Edge.  
 1860. 1st Year Student, Treasurer's Prize;  
 Matriculation Exam.—Prize.  
 1861. 2nd Year Student, Hon. Cert.  
 1862. 3rd Year Student, Hon. Cert.
- BIDWELL (H.),** Ely.  
 w 1883-4. 4th Year Student, qualified for Mead Medal.
- BIDWELL (L. A.),** Lec.  
 w 1885-6. 4th Year Student, qualified for Cheselden Medal.

\* Consulting Surgeon to Charing Cross Hospital.  
<sup>†</sup> Assistant Surgeon to St. Thomas's Hospital, and to the Royal Free Hospital. Late Resident Assistant Surgeon, and Surgical Registrar, St. Thomas's Hospital. Late Assistant Surgeon to the East London Hospital for Children and Women, Shadwell.  
<sup>‡</sup> Late Assistant-Surgeon at the "Dreadnought" Hospital Ship.

- BIRTWELL (H. H.),** Enfield, Lancashire.  
 1865. 3rd Year Student, Hon. Cert.
- BLACK (J.),** Kentish Town.  
 w 1872. 2nd Year Student, Prosector's Prize.
- BLACK (W. S.),** Chesterfield, Derby.  
 1855. Midwifery, Hon. Cert.;  
 Medicine, Hon. Cert.
- BLACKETT (W. C.),** Durham.  
 1851. Descriptive Anatomy, Hon. Cert.
- BLADES (C. C.).**  
 1855. Midwifery, Hon. Cert.
- BONE (W.),** Camberwell.  
 1857. 1st Year Student, Trea. 1st Prize.  
 1858. 2nd Year Student, Trea. 1st Prize.
- BONSER (J. H.),** Sutton-in-Ashfield.  
 1871. 3rd Year Student, 2nd Coll. Prize;  
 Cheselden Medal.
- BOULGER (J.),** Gravesend.  
 1870. 1st Year Student, Sir Wm. Tite's Scholarship.  
 1871. 2nd Year, Sir Wm. Tite's Scholarship.  
 w 1872. 3rd Year, Sir Wm. Tite's Scholarship.
- BOX (C. R.),** Camberwell.  
 w 1885-6. 1st Year Student, 2nd Coll. Prize.
- BOWEN (E.),** Llyn Gwair, Pembroke.  
 1847. Descriptive and Surgical Anatomy, Hon. Cert.;  
 Materia Medica, Hon. Cert.  
 1848. Descriptive and Surgical Anatomy, Hon. Cert.;  
 Physiology and Anatomy, Hon. Cert.;  
 Botany, Hon. Cert.;  
 Comparative Anatomy, Hon. Cert.
- BOWN (J. Y.),** America.  
 1848. Descriptive and Surgical Anatomy, Hon. Cert.
- BOYCOTT (A. N.),** Rugeley.  
 w 1887-8. 4th Year Student, qualified for Cheselden Medal.
- BRAKE (J.),** Holt, Wilts.  
 1851. Matriculation Scholarship, Hon. Cert.;  
 Descriptive Anatomy, Hon. Cert.;  
 1st Year Student, Scholarship;  
 Chemistry, Hon. Cert.  
 1852. 2nd Year Student, Scholarship;  
 Physiology, Prize;  
 Materia Medica, Hon. Cert.;  
 Botany, Hon. Cert.;  
 Medicine, Hon. Cert.  
 1853. 3rd Year Student, Scholarship;  
 Clinical Medicine, Treasurer's Prize;  
 Midwifery, Prize;  
 Forensic Medicine, Prize.
- BRISTOWE (J. S.),**<sup>§</sup> Camberwell.  
 1847. Medicine, Hon. Cert.;  
 Physiology and Anatomy, Hon. Cert.;  
 Descriptive and Surgical Anatomy, Prize.

<sup>§</sup> Consulting Physician to St. Thomas's Hospital. Late Lecturer on General Pathology, and Joint Lecturer on Medicine, St. Thomas's Hospital.

1848. Descriptive and Surgical Anatomy, Hon. Cert.;  
Physiology and Anatomy, Prize;  
Practical Chemistry, Prize;  
Botany, Prize;  
Midwifery, Hon. Cert.;  
Comparative Anatomy, Prize;  
Surgery, Prize;  
General Proficiency, Treasurer's Medal.
- BRITTON (T.), Doncaster.  
1861. 1st Year Student, Hon. Cert.
- BROCK (J.), Northwich.  
w 1872. 1st Year Student, 2nd Coll. Prize.  
s 1872. Hon. Cert.
- BROCKATT (A. A.), Denmark Hill.  
w 1884-5. 4th Year Student, qualified for the Mead Medal.
- BROWN (F. G.), London.  
1860. 1st Year Student, Hon. Cert.  
1861. 2nd Year Student, 3rd Coll. Prize.  
1862. 3rd Year Student, 3rd Coll. Prize.
- BROWN (G. D.), Croydon.  
1851. Physiology, Hon. Cert.;  
Botany, Prize;  
Surgery, Hon. Cert.  
1852. Physiology, Hon. Cert.;  
Physical Society's Essay, Treasurer's Prize;  
Medicine, Hon. Cert.;  
Pathology, Prize.
- BROWN (T. J. E.), Dorchester.  
1848. Practical Midwifery, Hon. Cert.
- BUCKNILL (E. R.), Bedford.  
1855. 1st Year Student, Scholarship;  
Midwifery, Hon. Cert.;  
Chemistry, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.;  
Materia Medica, Hon. Cert.
- BULL (J.), Norwood, Surrey.  
1848. Midwifery, Hon. Cert.
- BURDEN (H.), Belfast.  
w 1886-7. 1st Year Student, The William Tite Scholarship.  
s 1887. 1st Year Student, 2nd Coll. Prize.  
w 1887-8. 2nd Year Student, 2nd Coll. Prize.
- BUTLER (W.), Stoke Newington.  
1845. Materia Medica, Hon. Cert.
- CAIGER (F. F.), Gloucester St., S. W.  
w 1879-80. 1st Year Student, 3rd Coll. Prize.  
w 1880-1. 2nd Year Student, 3rd Coll. Prize.  
w 1882-3. 4th Year, the Mead Medal.
- CANN (R. T.), Plymouth.  
s 1882. 2nd Year Student, 1st Coll. Prize.  
s 1883. 3rd Year Student, 2nd Coll. Prize.
- CARPENTER (A.),\* Rothwell.  
1848. Descriptive and Surgical Anatomy, Hon. Cert.;  
Chemistry, Prize;  
Materia Medica, Hon. Cert.;  
Matriculation Scholarship, Prize.  
1849. Physiology, Hon. Cert.;  
Midwifery, Hon. Cert.;  
Descriptive Anatomy, 1st Prize;  
Medicine, 2nd Prize.
1850. Physiology, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.;  
Botany, Prize;  
Medicine, Prize;  
Surgery, Prize;  
General Proficiency, Treasurer's Medal.
1851. (Accoucheur) Midwifery, Prize;  
Essay on Chorea, Mr. N. Smith's Prize.
1852. Surgical Reports, President's Prize;  
Medical Reports, Dr. Root's Prize;  
Ophthalmic Reports, a Governor's Prize;  
Clinical Medicine, Senior Prize.
- CARPENTER (A. B.), Croydon.  
w 1876-7. 1st Year Student, Hon. Cert.
- CARPENTER (G. A.), Streatham.  
w 1880-1. 1st Year Student, 3rd Coll. Prize.  
s 1881. 1st Coll. Prize.  
w 1881-2. 2nd Year Student, 3rd Coll. Prize;  
Prosecutor's Prize.
- CARR (J. T.), Bombay.  
1844. Surgery, Prize.
- CASTLE (H.), Newport, I. of Wight.  
w 1874-5. 1st Year Student, 2nd Coll. Prize.  
s 1875. 3rd Coll. Prize.  
w 1876-7. Physical Society's 3rd Year's Prize.
- CAUDLE (A. W. W.), Henfield, Sussex.  
1858. Clinical Medicine, Prize.
- CHALDECOTT (C. W.), Dorking.  
1849. Descriptive Anatomy, Hon. Cert.;  
Chemistry, Hon. Cert.;  
Materia Medica, 2nd Prize;  
1st Year Student, Scholarship.  
1850. Physiology, Hon. Cert.;  
Surgery, Prize.  
1851. Physiology, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Medicine, Hon. Cert.;  
Physical Society's Essay, Treasurer's Prize.  
Surgery, Hon. Cert.;  
General Proficiency, Treasurer's Silver Medal.
- CHALDECOTT (T. A.), Newington.  
1848. Descriptive Surgical Anatomy, Hon. Cert.;  
Chemistry, Hon. Cert.; [Cert.;  
Botany, Hon. Cert.;  
Materia Medica, Hon. Cert.;  
Comparative Anatomy, Hon. Cert.;  
Matriculation Scholarship, Prize;  
Practical Chemistry, Hon. Cert.  
1849. Physiology, Hon. Cert.;  
Midwifery, Hon. Cert.;  
Surgery, 2nd Prize;  
Medicine, Hon. Cert.  
1850. Physiology, Hon. Cert.;  
Forensic Medicine, Prize;  
Pathology, Prize;  
Medicine, Hon. Cert.;  
Surgery, Hon. Cert.
- CHAPMAN (C. E.), Preston.  
1855. Midwifery, Hon. Cert.;  
Materia Medica, Hon. Cert.  
1857. Clinical Assistant, Prize;  
Physical Society's Essay, Prize.
- CHARPENTIER (A. E.).  
1882-3. 4th Year, The Mead Medal Exam.,  
Special Mention and Hon. Cert.
- CHERRY (A. H.), Clapham.  
1845. Clinical Medicine, Hon. Cert.

\* Late Examiner in State Medicine, University of Cambridge. Late Lecturer on State Medicine at St. Thomas's Hospital.

**CHIPPERFIELD (W. N.), Reading.**

1852. 1st Year Student, Scholarship;  
Descriptive Anatomy, Prize.
1853. 2nd Year Student, Scholarship;  
Physiology, Prize;  
Descriptive Anatomy, Prize;  
Midwifery, Prize;  
Physical Society's Essay, Prize;  
Medicine, Prize;  
Surgery, Prize.
1854. 3rd Year Student, Scholarship;  
Medicine, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Midwifery, Prize;  
Physical Society's Essay, Treasurer's Prize;  
Forensic Medicine, Prize;  
Chemistry, Hon. Cert.;  
Comparative Anatomy, Prize;  
Pathology, Prize;  
Surgery and Surgical Anatomy, Cheselden Medal;  
Clinical Medicine, Treasurer's Prize;  
Physiology, Prize;  
General Proficiency, Treasurer's Medal.

**CLAPTON (E.), \* Stamford.**

1851. Matriculation Scholarship, Hon. Cert.;  
1st Year Student, 1st Scholarship;  
Descriptive Anatomy, Prize;  
Chemistry, Prize.
1852. 2nd Year Student, Scholarship;  
Physiology, Prize;  
Materia Medica, Prize;  
Botany, Prize;  
Medicine, Hon. Cert.
1853. 3rd Year Student, Scholarship;  
Physiology, Hon. Cert.;  
Clinical Medicine, Treasurer's Prize;  
Midwifery, Hon. Cert.;  
Physical Society's Essay, Treasurer's Prize;  
Medicine, Hon. Cert.;  
Forensic Medicine, Hon. Cert.;  
Chemistry, Hon. Cert.;  
Surgery, Hon. Cert.
1854. Ophthalmic Reports, Governor's Prize;  
Clinical Medicine, Mr. N. Smith's Prize.

**CLAPTON (W.), Stamford.**

1855. Midwifery, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.;  
Materia Medica, Prize.
1856. Clinical Medicine, Prize.
1858. Midwifery, Hon. Cert.

**CLARKE (A.), Dorking.**

1856. 1st Year Student, Treasurer's 2nd Prize.

**CLARK (J. H.), Jamaica.**

1867. 2nd Year Student, Physical Society's 2nd Year's Prize.

**CLARKSON (J. W.), Surbiton.**

1872. 2nd Year Student, 3rd Coll. Prize.
1873. 3rd Year Student, 2nd Coll. Prize;  
Surgery and Surgical Anatomy, Hon. Cert.

**CLEGHORN (G.), Bedford.**

1872. 3rd Year Student, Hon. Cert.

**CLUTTERBUCK (M. C.), Bath.**

- 1886-7. 1st Year Student, 2nd Entrance Science Scholarship.

**COGGINS (T.), Hayford, Woodstock.**

1847. Chemistry, Hon. Cert.
1848. Descriptive and Surgical Anatomy, Hon. Cert.;  
Midwifery, Hon. Cert.
1849. Midwifery, Hon. Cert.;  
Medicine, Hon. Cert.
1850. Surgical Reports, Prize;  
(Accoucheur) Midwifery, Hon. Cert.

**COLBY (W. T.), Malton, York.**

1849. Descriptive Anatomy, Hon. Cert.;  
Midwifery, Hon. Cert.

**COLLIER (T. P.), Worship Square.**

1847. Practical Midwifery, Prize.

**COMPLIN (E. J.), Charterhouse Sq.**

1851. Clinical Medicine, Prize;  
Medical Cases, President's Prize;  
Surgery, Hon. Cert.
1852. Midwifery, Hon. Cert.;  
Pathology, Hon. Cert.

**COOK (S. B.), Cape of Good Hope.**

1883. 1st Year Student, 2nd Coll. Prize.

**COOK (W.), Gainsboro'.**

1844. Chemistry, Hon. Cert.;  
Materia Medica, Hon. Cert.

**COOKE (C. W.), Regent's Park.**

- 1883-4. 1st Year Student, 1st Entrance Science Scholarship.

**COOKE (J.), Stamford.**

1855. Comparative Anatomy, Prize;  
Midwifery, Hon. Cert.;  
Physiology, Hon. Cert.

**COOPER (H. S.), Brightlingsea.**

1887. 2nd Year Student, 2nd Coll. Prize.

**COPELAND (W. H. L.), South Kensington.**

- 1887-8. 4th Year Student, qualified for the Mead Medal.

**CORY (R.), † Carlisle.**

1870. Physical Society's 3rd Year's Prize.

**COUSINS (J. W.), Portsea.**

1854. Descriptive Anatomy, Hon. Cert.;  
Chemistry, Hon. Cert.
1855. Surgery, Prize;  
Midwifery, Prize;  
Midwifery, Hon. Cert.
1856. Clinical Medicine, Prize;  
Surgery and Surgical Anatomy, Cheselden Medal.

**COWEN (P.), Kennington.**

1862. 1st Year Student, 2nd Coll. Prize.
1863. 2nd Year Student, 2nd Coll. Prize.
1864. 3rd Year Student, 2nd Coll. Prize.

**COWEN (T. P.), Upper Holloway.**

- 1884-5. 1st Year Student, Half 1st and 2nd Coll. Prizes.
1885. 1st Year Student, 2nd Coll. Prize.
- 1885-6. 2nd Year Student, 1st Coll. Prize.
1886. 2nd Year Student, 1st Coll. Prize.
- 1886-7. 3rd Year Student, 2nd Coll. Prize.
- 1887-8. 4th Year Student, qualified for the Mead Medal.

**COX (E.), Maiden Newton, Dorsetshire.**

1866. 1st Year Student, 3rd Coll. Prize.
1868. 3rd Year Student, 2nd Coll. Prize.

\* Late Physician to, and Lecturer on Materia Medica at, St. Thomas's Hospital. Physician to the Magdalen Hospital.

† Assistant Obstetric Physician to, and Joint Lecturer on Forensic Medicine at, St. Thomas's Hospital.



- COXWELL (C. F.),** Brighton.  
1880. 4th Year Student, the Mead Medal.
- CRICK (S. A.),** Cosby Hill, Leicester-shire.  
s 1875. 1st Year Student, Hon. Cert.  
w 1875-6. Prosecutor's Prize.  
w 1876-7. 3rd Year Student, 3rd Coll. Prize.
- CROFT (J.),\*** Clapton.  
1851. Descriptive Anatomy, Hon. Cert.  
1853. Midwifery, Hon. Cert.
- CROFTS (W. C.),** Rowston, Lincoln.  
1855. Surgery, Hon. Cert.;  
Midwifery, Hon. Cert.
- CROSBY (T. B.),** Goseborton, Lincoln.  
1851. Physiology, Prize;  
Descriptive Anatomy, Prize;  
Medicine, Prize;  
Surgery, Prize.  
1852. Physiology, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Medicine, Hon. Cert.;  
Forensic Medicine, Prize;  
Practical Chemistry, Prize;  
Surgery, Hon. Cert.;  
Surgery and Surgical Anatomy,  
*Bronze Cheselden Medal*;  
Comparative Anatomy, Prize.
- CROSSMAN (J.),** Redruth.  
1871. Physical Society's 1st Year's Prize.  
1872. Physical Society's 2nd Year's Prize.  
1873. Physical Society's 3rd Year's Prize.
- CROUCH (H. C.),** Haverstock Hill.  
w 1890-1. 1st Year Student, 2nd Entrance  
Science Scholarship.
- CROWDY (F. D.),** Bath.  
w 1884-5. 4th Year Student, the Mead Medal.
- DAVIES (D.),** Carmarthenshire.  
1843. Chemistry, 1st Prize;  
Midwifery, Hon. Cert.;  
Materia Medica, Prize.  
1844. Medicine, Hon. Cert.;  
Physiology and Anatomy, Hon.  
Cert.  
1845. Clinical Surgical Reports, Medal.
- DAVIES (D. S.),** Bristol.  
1875-6. Physical Society's 1st Year's Prize.
- DAY (W. H.),** Norwich.  
1844. Surgery, Prize;  
Physical Society's Essay, Hon.  
Cert.;  
Dresser's Clinical Surgery, Prize.
- DEAR (P. J.),** Sutton.  
w 1890-1. Ranks as First Scholar in Natural  
Science.
- DECK (J. F.),** Nelson, New Zealand.  
1860. 1st Year Student, 1st Coll. Prize.  
1861. 2nd Year Student, 1st Coll. Prize;  
Physical Society's Prize.  
1862. 3rd Year Student, 1st Coll. Prize;  
Physical Society's Prize;  
Cheselden Medal;  
Treasurer's Gold Medal.
- DICKERSON (S. H.),** Hartest, Suffolk.  
1853. Physiology, Hon. Cert.;  
Materia Medica, Hon. Cert.;  
Midwifery, Hon. Cert.;  
Medicine, Hon. Cert.
- DIXON (E. L.),** Preston, Lancashire.  
1852. 1st Year Student, Scholarship;  
Chemistry, Hon. Cert.  
1853. 2nd Year Student, Scholarship;  
Physiology, Hon. Cert.;  
Materia Medica, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Midwifery, Hon. Cert.;  
Botany, Prize;  
Medicine, Hon. Cert.  
1854. 3rd Year Student, Scholarship;  
Descriptive Anatomy, Hon. Cert.  
Practical Chemistry, Prize;  
Physiology, Hon. Cert.
- DIXON (W. E.),** Dulwich.  
w 1890-91. 1st Year Student, 1st Entrance  
Science Scholarship.  
s 1891. 1st Year Student, 2nd Coll. Prize.
- DOBSON (N. C.),†** Holbeach, Lincoln-shire.  
1865. 1st Year Student, 1st Coll. Prize.  
1866. 2nd Year Student, 1st Coll. Prize.  
1867. 3rd Year Student, 2nd Coll. Prize;  
A Prize and Hon. Cert. for Proficiency  
in Surgery and Surgical Anatomy  
at the Cheselden Medal Examination;  
Treasurer's Gold Medal.
- DRAKE (A. J.),** Kingsclere, Hants,  
1870. 3rd Year Student, 1st Coll. Prize.
- DRAKE (C. H.),** Kingsclere, Hants.  
1857. 1st Year Student, Hon. Cert.;  
1858. 2nd Year Student, Treasurer's 1st  
Prize;  
Clinical Medicine, 2nd Prize.  
1859. 3rd Year Student, Hon. Cert.;  
Surgery and Surgical Anatomy,  
Cheselden Medal; [Medal.  
General Proficiency, Treasurer's
- DRAKE (T.),** Kingsclere, Hants.  
1858. 2nd Year Student, Treasurer's 1st  
Prize.  
1859. 2nd Year Student, President's Prize.  
1860. 3rd Year, 1st Coll. Prize;  
Surgery and Surgical Anatomy,  
Cheselden Medal; [Medal.  
General Proficiency, Treasurer's
- DREW (G. F. A.),** Plymouth.  
1848. Descriptive and Surg. Anatomy, Prize;  
Chemistry, Hon. Cert.;  
Botany, Prize;  
Comparative Anatomy, Hon. Cert.;  
Practical Chemistry, Prize;  
General Proficiency, Hon. Cert.  
1849. Physiology, 2nd Prize;  
Midwifery, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.;  
Medicine, Hon. Cert.  
1850. Physiology, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Medicine, Hon. Cert.;  
Surgery, Hon. Cert.
- DUKES (C.),‡** Dalston.  
1865. 1st Year Student, Hon. Cert.  
1867. 3rd Year Student, Hon. Cert.,  
Prosecutor's Prize and Hon. Cert.

\* Late Member of Council Royal College of Surgeons. Consulting Surgeon to, late Special Lecturer, and Assistant Demonstrator of Anatomy at, St. Thomas's Hospital. Late Examiner in Surgery, University of Durham.

† Surgeon to the Bristol General Hospital and Lecturer on Surgery at the Bristol Medical School.  
‡ Physician to Rugby School, and Senior Physician to Rugby Hospital.



**DUKES (T. A.), Croydon.**

w 1888-9. 4th Year Student, Qualified for Mead Medal.

**DUNCAN (H.), London.**

w 1882-3. 1st Year Student, 1st Entrance Science Scholarship, 1st Coll. Prize.  
w 1883-4. 2nd Year Student, Prosector's Prize.

**DUNCAN (W.)\* Manchester.**

w 1876-7. 1st Year Student, The William Tite Scholarship.

s 1877. 1st Coll. Prize.

w 1877-8. 2nd Year Student, The Musgrove Scholarship.

2nd Year Physical Society's Prize.

s 1878. 1st Coll. Prize.

w 1878-9. 2nd Tenure Musgrove Scholarship; 1st Coll. Prize;

3rd Year Physical Society's Prize; Grainger Testimonial Prize.

1880. 4th Year Student, The Cheselden Medal.

The Treasurer's Medal.

w 1881-2. The Solly Medal and Prize.

**DUNMAN (G.), Camberwell.**

1852. Chemistry, Hon. Cert.

1854. Midwifery, Hon. Cert.

**DYBALL (B.), Brixton.**

w 1891-2. 1st Year Student, 1st Coll. Prize.

**DYER (F. J.), Blackheath.**

1847. Chemistry, Prize;

Materia Medica, Hon. Cert.;

1849. Physiology, Hon. Cert.;

Midwifery, 2nd Prize;

Medicine, Hon. Cert.

**ECCLES (C. H.), Brigg.**

w 1884-5. 2nd Year Student, 1st Coll. Prize.

s 1885. 2nd Year Student, 1st Coll. Prize.

w 1885-6. 3rd Year Student, 1st Coll. Prize.

s 1886. 3rd Year Student, 1st Coll. Prize.

**EDDOWES (J. H.), Loughboro'.**

1843. Physiology and Anatomy, Hon. Cert.;

Chemistry, Hon. Cert.;

Comparative Anatomy, Prize.

1844. Physiology and Anatomy, Hon. Cert.;

Clinical Medical Reports, Silver Medal.

1845. Clinical Medicine, Prize.

**EDDOWES (W. D.), Loughboro'.**

1845. Descriptive and Surgical Anatomy, Prize.

**EDMONDS (S.), St. Helen's, Lancashire.**

1852. Chemistry, Hon. Cert.

1853. Midwifery, Hon. Cert.;

Medicine, Hon. Cert.;

Surgery, Hon. Cert.

1854. Surgery and Surgical Anatomy, Hon. Cert.;

Clinical Medicine, Treasurer's Prize;

Clinical Medicine, President's Prize.

1855. Surgical Reports, President's Prize;

Clinical Medicine, Dr. Roots' Prize.

**EDWARDS (S.), Littlehampton.**

1855. Midwifery, Hon. Cert.

**EDWARDS (V.), Woodbridge, Suffolk.**

1843. Surgery, Prize.

**ELBOROUGH (P. J.), Herne Bay.**

1845. Chemistry, Hon. Cert.

1847. Medicine, Hon. Cert.;

Midwifery, Prize.

1848. Medicine, Hon. Cert.;

Surgery, Hon. Cert.;

Surgical Reports, President's Prize.

**ELLIS (J.), Portsea, Hants.**

1857. Clinical Assistant (Medicine), Hon. Cert.

**ELWIN (C. J.), London.**

1855. Practical Midwifery, Prize.

**EVANS (C. W. DE LACY), Bangor.**

w 1876-7. 3rd Year Student, The Solly Prize and Hon. Cert.

**FAIRBANK (J.), Islington.**

1865. 1st Year Student, Hon. Cert.

1866. 2nd Year Student, Prosector's Prize.

**FARRANT (S.), Cullompton, Devon.**

1859. 2nd Year Student, Hon. Cert.

1860. 3rd Year Student, Hon. Cert.

**FAULKNER (R.), Camberwell.**

1844. Botany, Prize;

Clinical Medical Reports, Hon. Cert.

**FAWSSETT (F.), Surbiton.**

w 1883-4. 1st Year Student, 2nd Entrance Science Scholarship. The William Tite Scholarship.

s 1884. 1st Year Student, 1st Coll. Prize.

w 1884-5. 2nd Year Student, The Musgrove Scholarship.

w 1885-6. 3rd Year Student, 2nd tenure of Musgrove Scholarship, with 3rd Coll. Prize.

w 1886-7. 4th Year Student, The Cheselden Medal, Treasurer's Gold Medal.

**FELL (W.), Kensington.**

w 1878-9. 2nd Year Student, Prosector's Prize.

**FENTON (H. A. H.), Westminster.**

w 1875-6. 1st Entrance Science Scholarship.

s 1876. 1st Year Student, 1st Coll. Prize.

**FERNIE (A.), Yeldon, Beds.**

1853. Physiology, Hon. Cert.;

Surgery, Hon. Cert.

**FERNIE (W. T.), Yeldon, Beds.**

1852. Practical Midwifery, Prize;

Midwifery, Hon. Cert.

**FISHER (J. H.), Exeter.**

w 1887-8. 1st Year Student, The William Tite Scholarship.

s 1888. 1st Year Student, 1st Coll. Prize.

w 1888-9. 2nd Year Student, The Musgrove Scholarship.

w 1889-90. 3rd Year Student, 2nd tenure of Musgrove Scholarship, with 1st Coll. Prize.

s 1890. 3rd Year Student, 1st Coll. Prize.

w 1890-1. 4th Year Student, qualified for the Cheselden Medal; Treasurer's Gold Medal.

**FISHER (T.), St. Michael's.**

s 1872. 1st Year Student, Hon. Cert.

s 1873. 2nd Year Student, 2nd Coll. Prize.

w 1874. 2nd Year Student, 3rd Coll. Prize.

w 1875. 3rd Year Student, Surgery and Surgical Anatomy, Prize, and Cert. of Hon.

**FORD (G. W.), Cape of Good Hope.**

w 1880-1. 3rd Year Student, Prosector's Prize.

\* Obstetric Physician to, and Lecturer on Obstetric Medicine and Practical Midwifery at, Middlesex Hospital. Obstetric Physician, Royal Hospital for Women and Children. Examiner in Midwifery, Examining Board in England.

**FOWLER (J. T.),** Winterton, Lincoln.  
1854. Chemistry, Hon. Cert.  
1855. Botany, Hon. Cert.

**FOWLER (J.),** Winterton, Lincoln.  
1859. 1st Year Student, Hon. Cert.  
1860. 2nd Year Student, 2nd Coll. Prize.  
1861. 3rd Year Student, 2nd Coll. Prize.

**FREEMAN (D.),** Kennington.  
1859. Clinical Medicine, Prize.

**FREEMAN (A. J.),** Southsea, Hants.  
1865. 3rd Year Student, Hon. Cert.

**FULTON (J. A.),** Stockwell.  
1852. Botany, Hon. Cert.  
1853. Practical Chemistry, Prize.

**FURNIVAL (F. H.),** Nottingham.  
w 1878-9. 1st Year Student;  
The Wm. Tite Scholarship.

**GARDNER (E. B.),** London.  
1858. Matriculation Examination—Classics  
and Mathematics, Prize.

**GARTON (W.),** St. Helier's.  
1870. 2nd Year Student, 2nd Coll. Prize;  
Physical Society's 2nd Year's Prize.  
1871. Physical Society's 3rd Year's Prize.

**GENGE (G. G.),** Croydon.  
w 1890-1. 1st Year Student, 1st Coll. Prize.  
s 1891. 1st Year Student, 1st Coll. Prize.  
w 1891-2. 2nd Year Student, The Peacock  
Scholarship.  
w 1892-3. 3rd Year Student, 2nd Tenure of  
Peacock Scholarship, with 1st  
Coll. Prize.

**GEORGE (C. F.),** Kirton-on-Lindsay.  
1855. Midwifery, Hon. Cert.  
1856. 2nd Year Student, Dr. Roots' Prize.  
1857. 3rd Year Student, Hon. Cert.;  
Surgery and Surgical Anatomy,  
Cheselden Medal.

**GERVIS (F. H.),** Tiverton.  
1861. 1st Year Matriculation Scholarship  
—Coll. Prize, 2nd Coll. Prize.  
1862. 2nd Year Student, 1st Coll. Prize.  
1863. 3rd Year Student, Hon. Cert. and  
Physical Society's Prize.

**GERVIS (F. H.),** Haverstock Hill.  
w 1891-2. 1st Year Student, 2nd Entrance  
Science Scholarship.

**GERVIS (H.),** \* Tiverton.  
1856. 1st Year Student, Treas. 1st Prize;  
Matriculation Examination, Physics,  
&c., Prize.  
1857. 2nd Year Student, President's Prize;  
Physical Society's Essay, Prize.  
1858. Clinical Assistant (Medicine), 2nd  
Prize;  
Physical Society's Essay, Prize;  
General Proficiency, Treas. Medal.

**GILBERT (L.),** Finchley Road.  
w 1892-3. 1st Year Student, Half 2nd Coll.  
Prize.

**GILES (F. W.),** Henley-on-Thames.  
w 1875-6. 3rd Year Student, Hon. Cert.

**GIMBLETT (J.),** Taunton.  
1860. 1st Year Student, Hon. Cert.

**GIMLETTE (G. H. D.),** Southsea.  
s 1874. 1st Year Student, Hon. Cert.  
w 1875-6. 3rd Year Student, Hon. Cert.  
w 1876-7. Physical Society's 3rd Year's Prize.

**GLOVER (J. P.),** Lansdowne Road.  
w 1881-2. 3rd Year Student, 3rd Coll. Prize.

**GODDARD (E.),** London.  
1860. Matriculation Examination, Classics,  
&c., Prize.

**GODDARD (L.),** London.  
1856. Matriculation Examination, Classics  
and Mathematics, Prize.

**GODFREY (A. E.),** Northampton.  
s 1883. 2nd Year Student, 2nd Coll. Prize.  
w 1883-4. 3rd Year Student, 2nd Coll. Prize.

**GOODY (E. S.),** Hampstead.  
w 1882-3. 2nd Year Student, 3rd Coll. Prize.  
s 1883. 2nd Year Student, 1st Coll. Prize.

**GOWLAND (W.),** London.  
1845. Botany, Hon. Cert.

**GRABHAM (C.),** Islington.  
1857. Matriculation Examination, Modern  
Languages, Prize.

**GRABHAM (G. W.),** † Islington.  
1855. Matriculation Examination, Scholar-  
ship;  
Midwifery, Hon. Cert.;  
Materia Medica, Hon. Cert.

**GRABHAM (J.),** Rochford, Essex.  
1848. Descriptive and Surgical Anatomy,  
Hon. Cert.;  
Chemistry, Hon. Cert.;  
Botany, Hon. Cert.;  
Comparative Anatomy, Prize.  
1850. Physiology, Hon. Cert.  
1851. Physiology, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.;  
Forensic Medicine, Prize;  
Surgery, Prize;  
Midwifery, Hon. Cert.

**GRABHAM (M. C.),** Islington.  
1860. 2nd Year Student, Hon. Cert.  
1861. 3rd Year Student, Hon. Cert.

**GRAVES (C. A.),** Derby.  
1861. 1st Year Student, Treasurer's Prize;  
Matriculation Examination, Hon.  
Cert.  
1862. 2nd Year Student, 2nd Coll. Prize;  
Physical Society's Prize.  
1863. 3rd Year Student, 1st Coll. Prize;  
Physical Society's Prize;  
Cheselden Medal.

**GREEN (C. D.),** New Cross.  
w 1879-8c. 1st Year Student, The Wm. Tite  
Scholarship.  
s 1880. 3rd Coll. Prize.  
w 1880-1. 1st Coll. Prize.  
s 1882. 1st Coll. Prize.  
w 1882-3. 4th Year Student, qualified for  
Treasurer's Gold Medal.

**GREEN (J. T.),** Peckham, Surrey.  
1865. 1st Year Student, Physical Society's  
Prize.

**GREEN (M. H.),** Peckham.  
s 1873. 1st Year Student, 2nd Coll. Prize.

**GROSE (S.),** Boston, Lincoln.  
1858. 2nd Year Student, Hon. Cert.  
1859. Physical Society's Essay Prize.

\* Consulting Obstetric Physician to St. Thomas's Hospital, and to the Royal Maternity Charity. Late Examiner in Obstetric Medicine at the University of Cambridge and the Royal College of Physicians. Late Lecturer on Midwifery and Diseases of Women and Children at St. Thomas's Hospital.

† Late Government Inspector of Lunatic Asylums and Hospitals, New Zealand. Late Resident Medical Superintendent at Earlswood Asylum.

GRIFFITHS (A. L.), London.

1859. Midwifery, Hon. Cert.

GULLIVER (G.),\* Canterbury.

w 1876-7. Physical Society's 2nd Year's Prize.

GURNEY (R. A. F.), Rampton, Cambridge.

1851. Practical Midwifery, Prize.

HAGUE (S.),† Camberwell.

1863. 1st Year Student, 2nd Coll. Prize.

HAIG-BROWN (C. W.), Godalming.

s 1878. 1st Year Student, 2nd Coll. Prize.

w 1878-9. 2nd Year Student, 2nd Coll. Prize.

w 1880-1. The Cheselden Medal.

HAINWORTH (E. M.), Blackheath.

w 1888-9. 1st Year Student, 1st Entrance

Science Scholarship.

s 1889. 1st Year Student, 2nd Coll. Prize.

w 1890-1. 3rd Year Student, 1st Coll. Prize.

s 1891. 3rd Year Student, 1st Coll. Prize.

HAMMERTON (E.), Elland, York.

1857. 1st Year Student, Hon. Cert.

HAMMOND (J. H.), Bridlington, York.

1850. Medical Cases, President's Prize.

HARCOURT (J. C.), South Woodford.

w 1891-2. 1st Year Student, The William Tite Scholarship.

s 1892. 1st Year Student, 2nd Coll. Prize.

HARDING (J. A.), Bath.

1859. Clinical Medicine, 2nd Prize.

1860. Clinical Assistant (Medicine), 1st Prize.

HARPER (R.), Brighton.

1844. Clinical Surgical Reports, Hon. Cert.

1845. Physical Society's Essay, Prize;

Dresser's Clinical Surgery, Prize.

HARRIS (J. E.), Lavender Hill.

w 1887-8. 1st Year Student, 1st Entrance

Science Scholarship.

HASLAM (W. F.),‡ Reading.

s 1876. 2nd Year Student, 1st Coll. Prize.

w 1877-8. The Cheselden Medal.

HATCHETT (F. W.), S. Wales.

s 1880. 1st Year Student, 1st Coll. Prize.

HATTON (G. S.), Newent, Gloucestershire.

w 1876-7. 2nd Year Student, Prosector's Prize.

HAWKINS (H. P.),§ Hawkhurst.

w 1882-3. 1st Year Student, The William Tite

Scholarship.

w 1883-4. 2nd Year Student, The Peacock

Scholarship.

w 1884-5. 3rd Year Student, 2nd tenure of Pea-

cock Scholarship and 1st Coll. Prize.

w 1885-6. 4th Year Student, qualified for the

Mead Medal.

HAYDON (T. H.), Richmond, Surrey.

w 1889-90. 4th Year Student, qualified for

Cheselden Medal.

HEELIS (R.), Carshalton.

s 1877. 1st Year Student, 2nd Coll. Prize.

s 1878. 2nd Year Student, 2nd Coll. Prize.

HEFFERNAN (H. H.), Southsea.

w 1883-4. 1st Year Student, 2nd Coll. Prize.

w 1886-7. 4th Year Student, qualified for

Cheselden Medal.

HEIGHTON (T.), Leicester.

w 1873. 3rd Year Student, Hon. Cert.

HEWLETT (T. J.), Harrow.

1850. Matriculation Scholarship, Prize.

HEYGATE (W. N.), Harslope, Bucks.

1863. 2nd Year Student, Hon. Cert.

1864. 3rd Year Student, Hon. Cert.

HEYWOOD (C. C.), Swinton, Manchester.

s 1888. 3rd Year Student, 2nd Coll. Prize.

HICKS (J. W.),|| Highgate New Town, N.

1859. 1st Year Student, Treasurer's 1st Prize.

1860. 2nd Year Student, 1st Coll. Prize;

Physical Society's Prize.

1861. 3rd Year Student, 1st Coll. Prize.

Physical Society's Prize;

Cheselden Medal;

Treasurer's Gold Medal.

HIGGINS (A. H.), Bermondsey.

1857. Midwifery, Hon. Cert.

HILDITCH (J.), Sandbach, Cheshire.

1857. 1st Year Student, Hon. Cert.

1858. Physical Society's Essay, Prize.

1859. Essay on Neuralgia, Mr. N. Smith's

Prize.

HOBHOUSE (E.), Batcombe.

w 1885-6. 3rd Year Student, 2nd Coll. Prize.

w 1886-7. 4th Year Student, qualified for the

Mead Medal.

HODGES (H. B.).

1855. Midwifery, Hon. Cert.

HODGES (R.), London.

1843. Physiology and Anatomy, Hon. Cert.;

Medicine, Hon. Cert.;

Clinical Medicine, Hon. Cert.;

Surgical Essay, Silver Medal.

Ho KAI, Hong Kong, China.

w 1875-6. 1st Year Student, Hon. Cert.

s 1876. Hon. Cert.

w 1876-7. 2nd Year Student, Hon. Cert.

HOLBERTON (H. N.), Hampton.

w 1876-7. 2nd Entrance Science Scholarship,

and 2nd Coll. Prize.

w 1877-8. 2nd Year Student, 1st Coll. Prize.

HOOPER (J. H.), Upton Warren.

1858. 1st Year Student, Hon. Cert.

1859. 2nd Year Student, Coll. Prize.

1860. 3rd Year Student, Hon. Cert.

HOPTON (A. W.), Stockwell.

1851. Descriptive Anatomy, Hon. Cert.

HOUSE (F. M.), Chilbolton, Hants.

w 1886-7. 4th Year Student, qualified for the

Mead Medal.

HOWELL (T.), London.

1850. Practical Midwifery, Prize.

\* Late Physician to London Fever Hospital. Late Assistant Physician to, and Lecturer on Comparative Anatomy at, St. Thomas's Hospital.

† Late Medical Registrar at St. Thomas's Hospital.

‡ Surgeon to the Birmingham General Hospital. Examiner in Elementary Anatomy, Conjoint Board. Late Demonstrator of Anatomy at St. Thomas's Hospital.

§ Assistant Physician to, and Demonstrator of Morbid Anatomy at, St. Thomas's Hospital; Radcliffe Travelling Fellow, Oxford, 1886.

|| Late Lecturer on Botany at St. Thomas's Hospital; late Curator of the Museum.

**HUBBARD (J. W.), Leicester.**

1847. Clinical Medical Reports, Prize;  
Medicine, Prize;  
Physiology and Anatomy, Hon. Cert.;  
Physical Society's Essay, Treasurer's  
Prize.

**HULBERT (H. H.), Highworth.**

- w 1887-8. 4th Year Student, qualified for  
Cheselden Medal.

**HULL (W. W.), Acton.**

- w 1878-9. 2nd Entrance Science Scholarship.  
w 1881-2. The Mead Medal.

**HUNT (J. A.), Derby.**

- w 1873. 1st Year Student, Hon. Cert.  
w 1874. Prosector's Prize,

**HUNTER (W. F.), Margate.**

1859. 1st Year Student, Hon. Cert.;  
Matriculation Examination in Clas-  
sics and Mathematics, Prize;  
Matriculation Examination in Modern  
Languages, Prize.

1860. 2nd Year Student, 3rd Coll. Prize.

1861. 3rd Year Student, Hon. Cert.

**HURMAN (H. B.), Bridgewater.**

1853. Midwifery, Hon. Cert.

**HUTTON (J. S.), Sevenoaks.**

- w 1881-2. Entrance Science Scholarship;  
2nd Coll. Prize.

s 1882. 1st Coll. Prize.

s 1884. 3rd Year Student, Half 1st and 2nd  
Coll. Prizes.

w 1884-5. 4th Year Student, qualified for the  
Mead and Treasurer's Medals.

**ILES (D.), Fairford.**

1863. 2nd Year Student, Hon. Cert.

1864. 3rd Year Student, Hon. Cert.

**INGLIS (W. W.),\* Brixton Hill.**

1864. 1st Year Student, 2nd Coll. Prize.

1865. 2nd Year Student, 2nd Coll. Prize.

1866. 3rd Year Student, 3rd Coll. Prize;  
Cheselden Medal.

**IVES (R.).**

1855. Midwifery, Hon. Cert.

**JACKSON (T. C.), Rotherhithe.**

1844. Materia Medica, Hon. Cert.

**JACOB (E. H.), Winchester.**

w 1875-6. Physical Society's 3rd Year's Prize.

**JACOBSON (T. E.), Sleaford, Lincoln.**

1852. Practical Midwifery, Prize.

**JAFFÉ (C. S.), Hyde Park.**

w 1887-8. 1st Year Student, Half 2nd Coll.  
Prize.

w 1890-1. 4th Year Student, qualified for  
the Mead Medal.

**JAMES (C. H.), Oudh, India.**

w 1887-8. Solly Medal and Prize.

**JARDINE (J. L.), Brixton.**

1848. Physiology and Anatomy, Hon. Cert.

1850. Medical Reports, Dr. Roots' Prize.

**JAY (M.), Wallaroo, South Australia.**

w 1877-8. 1st Year Student, 3rd Coll. Prize.

w 1878-9. 2nd Year Student, 2nd Coll. Prize;  
Prosector's Prize.

**JEFFERSON (T. J.), Hull.**

1861. 2nd Year Student, Hon. Cert.

1862. 3rd Year Student, Hon. Cert.

**JENNER (L. L.), Bishop's Waltham.**

s 1892. 3rd Year Student, 2nd Coll. Prize.

**JOHNSON (W. G.), Wandsworth.**

1853. Chemistry, Hon. Cert.

1854. Midwifery, Hon. Cert.

1855. Comparative Anatomy, Prize;  
Midwifery, Hon. Cert.

**JOHNSTON (G. D.).**

w 1882-3. 4th Year, Cheselden Medal.

**JONES (S.),† Cricklewood, Middlesex.**

1851. Matriculation Scholarship, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Chemistry, Hon. Cert.;

1st Year Student, Scholarship.

1852. 2nd Year Student, Scholarship;

Physiology, Hon. Cert.;

Descriptive Anatomy, Prize;

Botany, Hon. Cert.

1853. Physiology, Hon. Cert.;

Descriptive Anatomy, Hon. Cert.;

3rd Year Student, Scholarship;

Materia Medica, Hon. Cert.

**JONES (Sydney H.), George Street,  
Hanover Square.**

w 1881-2. 1st Year Student, Entrance Science  
Scholarship. The William Tite  
Scholarship.

w 1882-3. 2nd Year Student, Half Musgrove  
Scholarship and 1st Coll. Prize  
combined.

w 1883-4. 3rd Year Student, 2nd tenure of  
Half Musgrove Scholarship, with  
1st Coll. Prize.

s 1884. 3rd Year Student, Half 1st and 2nd  
Coll. Prizes.

w 1884-5. 4th Year Student, The Cheselden  
Medal.

Treasurer's Gold Medal.

**JONES (A. O.), Islington.**

1862. 1st Year Student, Hon. Cert.

**JONES (A. W.), Godington, Oxon.**

s 1888. 3rd Year Student, 1st Coll. Prize.

w 1888-9. 4th Year Student, qualified for  
Mead Medal.

**JONES (J.), Ilfracombe.**

1863. Matriculation Examination—Modern  
Languages and Modern History,  
Coll. Prize.

**JONES (W. Wansbrough),‡ Leek.**

w 1877-8. 1st Year Student;

1st Entrance Science Scholarship;

£60;

The William Tite Scholarship.

w 1877-8. 1st Year Physical Society's Prize;

s 1878. 1st Year Student, 1st Coll. Prize;

w 1878-9. 2nd Year Student, The College

Scholarship;

s 1879. 2nd Year Student, 2nd Coll. Prize.

w 1879-80. 3rd Year Student, 2nd tenure of  
Coll. Scholarship, and 1st Coll.

Prize.

w 1880-1. The Mead Medal;

Treasurer's Gold Medal.

**JOSEPH (S. W. J.), St. Leonard's.**

1873. Physical Society's 2nd Year Prize.

† Late Member of Council, Royal College of Sur-  
geons. Consulting Surgeon to St. Thomas's Hospital;  
late Lecturer on Surgery, Anatomy and Ophthalmic  
Surgery.

‡ Radcliffe Travelling Fellow, Oxford, 1880. Late  
Resident Medical Officer, Barnes Convalescent  
Hospital, Manchester.



KEELE (J. T.), South Lambeth.

1853. *Materia Medica*, Hon. Cert.;  
Midwifery, Hon. Cert.

KELLOCK (T. H.), Totnes.

w 1889-90. 4th Year Student; The Cheselden Medal.

KERAKOOSSE (J.), East Indies.

1854. Midwifery, Hon. Cert.

KEYWORTH (J. W.),\* Aston, Berks.

1848. Chemistry, Hon. Cert.;  
*Materia Medica*, Prize;  
General Proficiency, Hon. Cert.

1849. Physiology, Hon. Cert.;  
Midwifery, 3rd Prize;  
Medicine, Hon. Cert.;  
Physical Society's Essay, Prize.

1850. Physiology, Hon. Cert.;  
(Accoucheur) Midwifery, Hon. Cert.;  
Ophthalmic Reports, a Governor's Prize;  
Essay on Neuralgia, Mr. Newman Smith's Prize.

1851. Comparative Anatomy, Prize;  
Clinical Medicine, Prize;  
Surgical Reports, Prize;  
Midwifery, Prize;  
Medical Reports, Prize;  
Pathology, Prize;  
Physical Society's Essay, Prize.

KIDD (H. C.), Upper Norwood.

w 1881-2. 1st Year Student, 3rd Coll. Prize.  
w 1884-5. 4th Year Student, qualified for the Mead Medal.

KING (A.), Norwich.

w 1886-7. 1st Year Student, 1st Coll. Prize.  
s 1887. 1st Year Student, 1st Coll. Prize.  
s 1888. 2nd Year Student, 1st Coll. Prize.  
w 1888-9. 3rd Year Student, 3rd Coll. Prize.  
s 1889. 3rd Year Student, 1st Coll. Prize.  
w 1889-90. 4th Year Student; Treasurer's Gold Medal.

KNAGGS (R. H. E.), Trinidad, W. Indies.

w 1875-6. Prosector's Prize.

LAKE (W. W.), Ilford, Essex.

1873. Physical Society's 1st Year's Prize.

LAKE (R.), Dover.

w 1881-2. 2nd Year Student, Prosector's Prize.  
w 1883-4. 4th Year Student, qualified for Cheselden Medal.

LAMBERT (T. W.), Cottingham.

w 1888-9. 4th Year Student, qualified for Cheselden Medal.

LANGLEY (R. J.), Tilehurst, Reading.

w 1886-7. 4th Year Student, qualified for Cheselden Medal.

LANKESTER (A. C.), Leicester.

w 1885-6. 1st Year Student, 1st Coll. Prize.  
w 1886-7. 2nd Year Student, Half 1st and 2nd Coll. Prizes.  
w 1888-9. 4th Year Student, The Cheselden Medal.

LANKESTER (H.), Poole, Dorset.

1850. 1st Year Student, Scholarship;  
Descriptive Anatomy, 1st Prize;  
Chemistry, Prize.  
1851. Physiology, Prize;  
*Materia Medica*, Prize;  
Descriptive Anatomy, Hon. Cert.;

Botany, Hon. Cert.;

Medicine, Prize;

Physical Society's Essay, Prize;

Surgery, Hon. Cert.

1852. 3rd Year Student, Scholarship;

Physiology, Hon. Cert.;

Descriptive Anatomy, Hon. Cert.;

Medical Cases, President's Prize;

Medicine, Prize;

Surgery, Prize;

Surgery and Surgical Anatomy,

Cheselden Medal;

General Proficiency, Treasurer's

Medal.

1853. Surgical Essay, President's Prize.

LANKESTER (H. H.), Leicester.

w 1880-1. Entrance Science Scholarship;

1st Year Student, 2nd Coll. Prize.

w 1881-2. 2nd Year Student, The College Scholarship, Two Years.

LATTER (C.), Downham Market.

w 1890-1. 4th Year Student, The Mead Medal.

LAVER (H.).

1855. Midwifery, Hon. Cert.

LAVER (A. H.), Rayleigh.

1870. 1st Year Student, 3rd Coll. Prize.

1871. 2nd Year Student, 2nd Coll. Prize.

w 1872. 3rd Year Student, 2nd Coll. Prize,  
Cheselden Medal.

LAW (R. R.), Heslington.

w 1890-1. 4th Year Student, qualified for the Cheselden Medal.

LAWSON (R.), St. Andrews, N.B.

w 1880-1. 1st Entrance Science Scholarship;

1st Year Student, The Wm. Tite

Scholarship.

s 1881. 2nd Coll. Prize.

w 1881-2. 2nd Year, 2nd Coll. Prize.

w 1882-3. 3rd Year, 2nd Coll. Prize.

w 1883-4. 4th Year Student, The Cheselden

Medal;

Treasurer's Gold Medal.

LAXTON (T. L.), Stamford.

w 1876-7. 2nd Year Student, Prosector's Prize.

LEDGER (M.), London.

1845. Dresser's Clinical Surgery, Prize.

LEES (J.),† Wolverhampton.

1859. 1st Year Student, Hon. Cert.;

1861. 3rd Year Student, Hon. Cert.;

Physical Society's Prize.

LEESON (T.), Snaith, York.

1847. Medicine, Hon. Cert.;

Surgery, Prize;

Physiology and Anatomy, Hon. Cert.;

Descriptive and Surgical Anatomy,

Hon. Cert.;

Midwifery, Hon. Cert.

1848. Descriptive and Surgical Anatomy,

Hon. Cert.;

Physiology and Anatomy, Hon. Cert.;

Medicine, Hon. Cert.;

Midwifery, Prize.

LE GROS (J.), Jersey.

1844. Medicine, Hon. Cert.;

Midwifery, 1st Prize.

1845. Clinical Medical Reports, Medal;

Medicine, Hon. Cert.;

Dresser's Clinical Surgery, Prize.

\* Late Lecturer on Physiology at Sydenham College, Birmingham.

† Late Demonstrator of Morbid Anatomy at St. Thomas's Hospital.



**LEREW (F. W.),** Maida Vale.  
s 1876. 1st Year Student, Hon. Cert.

**LITTELJOHN (S. G.),** Falmouth,  
Jamaica.  
1865. 1st Year Student, Hon. Cert.

**LOCOCK (H. S.),** Blackheath.  
1848. Descriptive and Surgical Anatomy,  
Hon. Cert.;  
Physiology and Anatomy, Hon.  
Cert.;  
Midwifery, Hon. Cert.

1849. Physiology, Hon. Cert.

**LONGSTAFF (G. B.),** Wandsworth.  
w 1873-4. 1st Year Student, 2nd Coll. Prize.  
s 1874. 1st Coll. Prize;  
Physical Society's 1st Year's Prize.  
s 1875. 2nd Year Student, 2nd Coll. Prize.  
w 1875-6. 3rd Year Student, 1st Coll. Prize.  
w 1876-7. 4th Year Student, Mead Medal.

**LOVELL (C. P.),** Hyde Park.  
w 1886-7. 1st Year Student, 1st Entrance  
Science Scholarship.  
w 1887-8. 2nd Year Student, The Peacock  
Scholarship.  
w 1888-9. 3rd Year Student, Second Tenure  
of Peacock Scholarship.

**LUARD (H. B.),** Aveley, Essex.  
s 1886. 3rd Year Student, 2nd Coll. Prize.  
w 1886-7. 4th Year Student, qualified for  
the Mead Medal.

**LUSH (W. H.),** Devizes.  
w 1872. 2nd Year Student, Prosector's Prize.

**LUSH (J. S.),** West Lavington.  
s 1873. 1st Year Student, 3rd Coll. Prize.

**MACEVOY (H. J.),** Chantilly.  
w 1884-5. 3rd Year Student, Half 2nd and  
3rd Coll. Prizes.  
s 1885. 3rd Year Student, Half 1st and 2nd  
Coll. Prizes.  
w 1885-6. 4th Year Student, Bronze Mead  
Medal.

**MACKENZIE (H. W. G.),** \* Edinburgh.  
w 1882-3. 3rd Year Student, 3rd Coll. Prize.  
s 1883. 3rd Year Student, 1st Coll. Prize.  
w 1883-4. 4th Year Student, The Mead Medal.

**MACMURDO (H. H.),** New Broad  
Street.  
1847. Chemistry, Hon. Cert.  
1849. Midwifery, Hon. Cert.

**MANBY (W. G.),** Barking, Essex.  
1851. Descriptive Anatomy, Hon. Cert.

**MARCH (H. C.),** Newbury.  
1858. 1st Year Student, Treasurer's 2nd  
Prize.  
1859. 2nd Year Student, Hon. Cert.  
1860. 3rd Year Student, Hon. Cert.

**MARTIN (C. J.),** Dalston.  
w 1884-5. 1st Year Student, 2nd Entrance  
Scholarship.

**MARTINEAU (A. J.),** Lupus Street.  
s 1892. 1st Year Student, 1st Coll. Prize.  
w 1892-3. 2nd Year Student, 1st Coll. Prize.

**MASON (M. T.),** Newington.  
1845. Practical Midwifery, Hon. Cert.

**MAYBURY (A. C.),** Frimley, Surrey.  
1865. 3rd Year Student, Hon. Cert.

**MAYBURY (W. A.),** Frimley, Surrey.  
1867. 1st Year Student, 3rd Coll. Prize.

**MAYBURY (H. M.),** Frimley, Surrey.  
1869. 1st Year Student, 2nd Coll. Prize.  
1871. 3rd Year Student, 3rd Coll. Prize.

**MAYBURY (A. V.),** Frimley, Surrey.  
1870. 1st Year Student, 2nd Coll. Prize.  
1871. 2nd Year Student, 1st Coll. Prize.  
w 1872. 3rd Year Student, 1st Coll. Prize;  
Treasurer's Gold Medal.

**MAYNARD (J. C. M.),**  
1855. Midwifery, Hon. Cert.

**MEADOWS (H.),** Leicester.  
1867. 1st Year Student, The William Tit  
Scholarship;  
Phys. Soc. 1st Year's Prize.  
1868. 2nd Year, Tite Scholarship;  
Phys. Soc. 2nd Year's Prize.

**MILLAR (W. H.),** Brixton Hill.  
w 1888-9. 3rd Year Student, 2nd Coll. Prize.  
s 1889. 3rd Year Student, 2nd Coll. Prize.

**MILLER (B.),** London.  
1845. Midwifery, Hon. Cert.;  
Practical Midwifery, Prize;  
Clinical Medicine, Prize.

**MILNE (C. W.),** Aberdeen.  
1865. 1st Year Student, Hon. Cert.

**MILTON (A. R. O.),** Brighton.  
w 1891-2. 4th Year Student, The Mead Medal.

**MISKIN (E.),** Lambeth.  
s 1890. 2nd Year Student, 1st Coll. Prize.

**MISKIN (L. J.),** Lambeth.  
w 1889-90. 1st Year Student, 2nd Coll. Prize.  
w 1890-1. 2nd Year Student, Half 1st and  
2nd Coll. Prizes.  
s 1891. 2nd Year Student, 1st Coll. Prize.

**MITCHELL (J.),** Leicester.  
1866. 1st Year Student, 2nd Coll. Prize;  
Phys. Society's 1st Year's Prize.  
1867. 2nd Year Student, 2nd Coll. Prize.  
1868. 3rd Year Student, 2nd Coll. Prize.

**MONEY (F. J.),** Offham, Kent.  
1849. Descriptive Anatomy, 2nd Prize;  
Chemistry, Prize;  
Materia Medica, 1st Prize;  
Matriculation Scholarship, Prize;  
1st Year Student Scholarship.

1850. Physiology, Prize;  
Comparative Anatomy, Prize;  
Descriptive Anatomy, Prize;  
Medicine, Prize;  
Surgery, Hon. Cert.

1851. Descriptive Anatomy, Hon. Cert.;  
Midwifery, Prize;  
Medicine, Prize;  
Physical Society's Essay, Prize;  
Surgery, Prize;  
Surgery and Surgical Anatomy,  
Cheselden Medal;  
General Proficiency, Treasurer's Gold  
Medal.

**MONTAGUE (A. J. H.),** Wandsworth  
Road.  
w 1884-5. 4th Year Student, qualified for  
the Mead Medal.

**MORETON (J. E.),** Marton, Cheshire.  
1850. 1st Year Student, Scholarship;  
Descriptive Anatomy, Hon. Cert.;  
Chemistry, Hon. Cert.

1851. Materia Medica, Hon. Cert.;  
Botany, Hon. Cert.

1852. Physiology, Prize;  
Descriptive Anatomy, Prize;  
Physical Society's Essay, Prize;  
Medicine, Prize;  
Surgery, Prize;  
2nd Year Student, Scholarship.

\* Assistant Physician to St. Thomas's Hospital and  
to the Hospital for Consumption, Brompton; late  
Resident Assistant Physician and Medical Registrar,  
St. Thomas's Hospital.

1853. 3rd Year Student, Scholarship;  
Physiology, Prize;  
Clinical Medicine, Pres. Prize;  
Clinical Medicine, Treas. Prize;  
Clinical Medicine, Mr. N. Smith's  
Prize;  
Descriptive Anatomy, Hon. Cert.;  
Midwifery, Hon. Cert.;  
Ophthalmic Surgery, Prize;  
Medicine, Prize;  
Forensic Medicine, Hon. Cert.;  
Surgery, Hon. Cert.;  
Surgery and Surgical Anatomy,  
Cheselden Medal;  
Gen. Proficiency, Treas. Medal.
1854. Clinical Med., Dr. Roots' Prize;  
Pathology, Hon. Cert.
- MORETON (T.), Marton, Cheshire.  
1857. 1st Year Student, Treasurer's 2nd  
Prize;  
Matriculation Examination, Classics  
and Mathematics, Prize.
1858. Clinical Medicine, Prize.
1859. 3rd Year Student, Hon. Cert.;  
Clinical Medicine, Hon. Cert.
- MORGAN (S.), London.  
1852. Descriptive Anatomy, Hon. Cert.  
1853. Midwifery, Hon. Cert.  
1854. Midwifery, Hon. Cert.;  
Forensic Medicine, 2nd Prize.
- MORRIS (C. K.), Spalding, Lincoln-  
shire.  
w 1875. Prosector's Prize.
- MORTON (J.), Holbeach, Lincoln.  
1861. 1st Year Student, Hon. Cert.  
1862. 2nd Year Student, Hon. Cert.  
1863. 3rd Year Student, Hon. Cert.
- MOXON (H. M.), Brighsam.  
1871. Prosector's Prize.
- MUSSON (A. W.), Clitheroe.  
w 1888-9. 4th Year Student, qualified for  
Mead Medal.
- MUSSON (W. E.), Birkholme, Lincoln.  
1850. Matriculation Scholarship, Prize;  
Descriptive Anatomy, Hon. Cert.  
1851. Physiology, Hon. Cert.;  
Comparative Anatomy, Hon. Cert.;  
Medicine, Hon. Cert.
- NEWBY (C. H.),\* London.  
1870. Prosector's Prize.
- NEWSHOLME (A.), Bradford.  
w 1875-6. 1st Year Student, 1st Coll. Prize.  
w 1876-7. 2nd Year Student, 1st Coll. Scholar-  
ship.  
s 1877. Ditto 1st Coll. Prize.  
w 1877-8. 3rd Year Student, The "College  
Scholarship," 1st Coll. Prize.
- NEWTN (A. H.), Kennington, Surrey.  
1865. 1st Year Student, Hon. Cert.
- NICHOL (F. E.), Roupell Park.  
w 1884-5. 4th Year Student, qualified for the  
Cheselden Medal.
- NICHOL (R.), Camberwell.  
1844. Chemistry, 1st Prize;  
Materia Medica, Prize.  
1845. Physiology and Anatomy, Hon. Cert.;  
Botany, Prize;  
Comparative Anatomy, Prize.
- NICHOLSON (F. W.), Putney.  
s 1877. 1st Year Student, 3rd Coll. Prize.  
w 1877-8. 2nd Year Student, Prosector's Prize.
- NICHOLSON (J. F.),† Brigg, Lincoln.  
w 1873. 1st Year Student, 1st Coll. Prize.  
s 1873. Ditto 1st Coll. Prize.  
w 1874. 2nd Year Student, 1st Coll. Prize.  
s 1874. Ditto 1st Coll. Prize.  
w 1875. 3rd Year Student, 1st Coll. Prize;  
Cheselden Medal;  
Mead Medal;  
Treasurer's Gold Medal.
- NICHOLSON (T. G.), Norwich.  
w 1889-90. 1st Year Student, 1st Entrance  
Science Scholarship.
- NIX (H. W.), Somersham.  
w 1888-9. 4th Year Student, qualified for  
Cheselden Medal.
- O'CALLAGHAN (C.), Killarney.  
1847. Chemistry, Hon. Cert.;  
Materia Medica, Prize.
1848. Medical Reports, President's Prize;  
Physiology and Anat., Hon. Cert.;  
Midwifery, Hon. Cert.;  
Practical Midwifery, Prize;  
Forensic Medicine, Prize;  
Physical Society's Essay, Prize.
1849. Physical Society's Essay, Treasurer's  
Prize;  
Resident Accoucheur's Report, Prize.
- ORANGE (W.),‡ Torquay.  
1854. Midwifery, Hon. Cert.  
1856. Midwifery, Hon. Cert.
- ORD (G. R.), Brixton.  
1858. Midwifery, Hon. Cert.
- ORD (W. M.),§ Brixton.  
1853. Matriculation Exam. Scholarship;  
1st Year Student, Scholarship;  
Descriptive Anatomy, Prize;  
Chemistry, Prize.
1854. 2nd Year Student, Scholarship;  
Medicine, Prize;  
Materia Medica, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Midwifery, Hon. Cert.;  
Surgery, Hon. Cert.;  
Physiology, Prize.
1855. 3rd Year Student, Scholarship;  
Surgery and Surgical Anatomy,  
Cheselden Medal;  
Forensic Medicine, Prize;  
Pathology, Prize;  
Practical Chemistry, Prize;  
Medicine, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.;  
Physiology, Prize;  
General Proficiency, Treasurer's  
Medal.
1856. Registrar, Prize.
- ORD (W. W.),|| Brook Street.  
s 1884. 1st Year Student, 2nd Coll. Prize.  
w 1884-5. 2nd Year Student, Half 2nd Coll.  
Prize.  
w 1886-7. 4th Year Student, Mead Medal.

† Physician to the Hull General Infirmary.

‡ Late Resident Medical Superintendent at Broad-  
moor Asylum.

§ Physician to, and Joint Lecturer on Medicine at,  
St. Thomas's Hospital, Late Lecturer on Comparative  
Anatomy, Physiology, and Practical Physiology.

|| Assistant Physician to the Victoria Hospital for  
Children.

\* Late Surgical Registrar at St. Thomas's Hospital.

ORTON (K. J. P.), Leicester.  
w 1890-1. 1st Year Student, The Wm. Tite Scholarship.

OSBORN (S.),<sup>\*</sup> Brixton.  
1870. Physical Society's 2nd Year's Prize.

OUGHTON (T.), London.  
1858. Clinical Medical Assistant, 1st Prize.

OZANNE (C. H.), Guernsey.  
1844. Descriptive and Surgical Anatomy, Prize.

OZANNE (J.), Guernsey.  
1843. Physiology and Anatomy, Chel-  
selden Medal;  
Comparative Anatomy, Hon. Cert.  
1844. Medicine, Prize;  
Midwifery, 2nd Prize;  
Surgery, Hon. Cert.;  
Physical Society's Essay, Prize;  
Clinical Surgical Reports, Silver  
Medal.

PAGE (W. H.), Cheltenham.  
s 1872. 1st Year Student, Hon. Cert.  
w 1873. 3rd Coll. Prize.

PALMER (M. H. C.), Newbury, Berks.  
1870. Physical Society's 2nd Year's Prize.  
1872. Physical Society's 3rd Year's Prize.

PARSONS (F. G.), Lee, Kent.  
w 1882-3. 2nd Year, Prosector's Prize.  
w 1886-7. 6th Year, Grainger Testimonial  
Prize.

PATERSON (W. H. J.), Shepherd's  
Bush.  
w 1890-1. 1st Year Student, 2nd Coll. Prize.

PEARCE (G.), Salisbury.  
1860. 1st Year Student, 2nd Coll. Prize.  
1861. 2nd Year Student, 2nd Coll. Prize.

PEEK (F. H.), Diss, Norfolk.  
s 1872. 1st Year Student, 1st Coll. Prize.  
w 1873. The William Tite Scholarship.  
s 1874. 2nd Year Wm. Tite Scholarship.

PENBERTHY (J.), Redruth.  
1854. 1st Year Student, Scholarship;  
Descriptive Anatomy, Prize;  
Chemistry, Hon. Cert.  
1855. 2nd Year Student, Scholarship;  
Midwifery, Hon. Cert.;  
Botany, Prize;  
Descriptive Anatomy, Hon. Cert.

PERKINS (J. J.), Brixton.  
w 1888-9. 3rd Year Student, 1st Coll. Prize.  
w 1889-90. 4th Year Student, qualified for  
Mead Medal.

PERN (A.), Winchester, Hampshire.  
1865. 1st Year Student, Hon. Cert.

PERRY (E. L.), St. George's Square.  
w 1891-2. 2nd Year Student, 2nd Coll. Prize.  
w 1892-3. 3rd Year Student, 2nd Coll. Prize.

PHILLIPS (G. G.), Newcastle Emlyn.  
1859. 2nd Year Student, Hon. Cert.  
1860. 3rd Year Student, 3rd Coll. Prize.

PICKFORD (J. K.), Brixton.  
w 1872. 1st Year Student, 3rd Coll. Prize.  
s 1872. Hon. Cert.

PIETERSEN (J.), Cape of Good Hope.  
w 1883-4. Solly Medal and Prize.

PIKE (W. R.), Leicester.  
1868. Physical Society's 1st Year's Prize.

PIKE (J. B.), Leicester.  
w 1872. 2nd Year Student, Hon. Cert.  
w 1873. 3rd Year Student, Hon. Cert.

PLANCK (C.), Edenbridge.  
w 1888-9. 1st Year Student, 2nd Coll. Prize.  
w 1889-90. 2nd Year Student, The Peacock  
Scholarship.  
s 1890. 2nd Year Student, 2nd Coll. Prize.  
w 1890-1. 3rd Year Student, 2nd tenure of  
Peacock Scholarship: with 3rd  
Coll. Prize.

FLOWMAN (R.), Bridgewater, Somerset.  
1862. 1st Year Student, Hon. Cert.  
1863. 2nd Year Student, Hon. Cert.  
1865. 3rd Year Student, Hon. Cert.

POLLARD (F.), Taunton, Somerset.  
1865. 1st Year Student, 2nd Coll. Prize.  
1866. 2nd Year Student, 2nd Coll. Prize;  
Physical Society's 2nd Year's Prize.  
1868. 3rd Year Student, 1st Coll. Prize;  
Physical Society's 3rd Year's Prize;  
Chelshelden Medal.

POTTER (H. P.),<sup>†</sup> Denmark Hill.  
w 1872. 1st Year Student, Hon. Cert.  
s 1872. 3rd College Prize.  
w 1873. 2nd Year Student, 2nd Coll. Prize;  
Prosector's Prize.  
w 1874. 3rd Year Student, 1st Coll. Prize;  
Chelshelden Medal;  
Hon. Cert. for Gen. Proficiency.  
1875. Grainger Testimonial Prize.

POYNDER (G. F.), Clapham.  
1872. Phys. Society's 1st Year's Prize.  
1874. Phys. Society's 3rd Year's Prize.

PURKISS (A.), Kennington.  
w 1875-6. 1st Year Student, Hon. Cert.  
s 1876. Hon. Cert.

PURVIS (J. P.), Blackheath.  
1861. 1st Year's Student, Hon. Cert.;  
Matriculation Examination, Hon.  
Cert.  
1862. 2nd Year Student, Hon. Cert.  
1863. 3rd Year Student, Hon. Cert.

PURVIS (W. P.), Greenwich.  
w 1890-1. 4th Year Student, qualified for the  
Chelshelden Medal.

RAINBOW (F.), Lower Norwood.  
1864. 1st Year Student, Hon. Cert.  
1865. 2nd Year Student, 3rd Coll. Prize.  
1866. 3rd Year Student, 2nd Coll. Prize.

RAYNER (H.),<sup>‡</sup> Hythe, Kent.  
1862. Matriculation Examination—Physics  
and Natural History, Hon. Cert.;  
1st Year Student, 1st Coll. Prize.  
1863. 2nd Year Student, 1st Coll. Prize.  
1864. 3rd Year Student, Hon. Cert.;  
Hon. Cert. for the Chelshelden Medal.

REDPATH (W.), Norwood Road.  
w 1891-2. 4th Year Student, qualified for  
Chelshelden Medal.

RELTON (B.), Ealing.  
1880. 2nd Entrance Science Scholarship.

RICHARDSON (C. S.), Greenwich.  
1851. Surgery, Hon. Cert.  
1852. Midwifery, Prize.

RICHARDSON (L.), Greenwich.  
1848. General Pathology, Prize.

\* Assistant Surgeon to the Hospital for Women,  
Soho Square. Late Surgical Registrar at St. Thomas's  
Hospital.

<sup>†</sup> Late Surgical Registrar at St. Thomas's Hospital.  
<sup>‡</sup> Lecturer on Psychology at St. Thomas's Hospital.  
Late Lecturer on Psychology at Middlesex Hospital,  
and Medical Superintendent Hanwell Asylum.

**RICHARDSON (S. W. F.),** Whitby.  
 w 1889-90. 1st Year Student, The William Tite Scholarship.  
 s 1890. 1st Year Student, 2nd Coll. Prize.  
 w 1890-1. 2nd Year Student, The Musgrove Scholarship.  
 w 1891-2. 3rd Year Student, 2nd Tenure of Musgrove Scholarship.  
 s 1892. 3rd Year Student, 1st Coll. Prize.  
 w 1892-3. 4th Year Student, The Cheselden Medal;  
 The Treasurer's Gold Medal.  
**RIDGE (J. J.),** Horselydown.  
 1864. 1st Year Student, The William Tite Scholarship.  
 1865. 2nd Year of Tite's Scholarship;  
 Physical Society's 2nd Year's Prize;  
 Prosector's Prize.  
 1866. The Grainger Testimonial Prize.  
 1868. 3rd Year Tite Scholarship;  
 Hon. Cert. for Proficiency in Surgery and Surgical Anatomy;  
 Treasurer's Gold Medal.  
**ROBERTS (E. A.),** Birmingham.  
 w 1884-5. 1st Year Student, Half 1st and 2nd Coll. Prizes.  
 s 1887. 3rd Year Student, 2nd Coll. Prize.  
**ROBINSON (H. B.),**\* Lower Norwood.  
 s 1881. 2nd Year Student, 1st Coll. Prize.  
**ROE (A. D.),** Eccles.  
 w 1880-1. 3rd Year Student, 2nd Coll. Prize.  
**ROGERS (R. S.),** Greenwich.  
 1843. Midwifery, First Prize;  
 Clinical Medicine, Hon. Cert.  
**ROSSITER (G. F.),** Taunton.  
 1871. 1st Year Student, 1st Coll. Prize.  
 w 1872. 2nd Year Student, 2nd Coll. Prize.  
 s 1872. 1st Coll. Prize.  
 w 1873. 3rd Year Student, 3rd Coll. Prize;  
 Cheselden Medal;  
 Treasurer's Gold Medal.  
**ROUSE (R. E.),** Woodbridge.  
 s 1880. 2nd Year Student, 3rd Coll. Prize.  
**RUDALL (J. T.),** Crediton, Devon.  
 1853. Physiology, Hon. Cert.;  
 Midwifery, Hon. Cert.;  
 Medicine, Hon. Cert.;  
 Surgery, Hon. Cert.  
**RUSSELL (A. E.),** Greenwich.  
 w 1889-90. 1st Year Student, 2nd Entrance Science Scholarship; 1st Coll. Prize.  
 s 1890. 1st Year Student, 1st Coll. Prize.  
 w 1890-1. 2nd Year Student, Half 1st and 2nd Coll. Prizes.  
 w 1891-2. 3rd Year Student, 1st Coll. Prize.  
 w 1892-3. 4th Year Student, qualified for Mead Medal.  
**SANDFORD (H. C.),** Brixton.  
 w 1872. 1st Year Student, 1st Coll. Prize.  
 s 1872. 2nd Coll. Prize.  
 w 1873. 2nd Year Student, 1st Coll. Prize.  
 s 1873. 3rd Coll. Prize.  
 w 1874. 3rd Year Student, 2nd Coll. Prize;  
 Treasurer's Gold Medal.  
**SANEYOSHI (Y.),** Tokio, Japan.  
 w 1881-2. 3rd Year Student, 1st Coll. Prize.  
**SANKEY (G. G.),** Ashford, Kent.  
 1864. 3rd Year Student, 3rd Coll. Prize.  
**SAUNDERS (E. A.),** Balham.  
 w 1892-3. 4th Year Student, The Mead Medal.

**SAUNDERS (G. M. C.),** London.  
 1843. Midwifery, Hon. Cert.  
**SAUNDERS (H. W.),** London.  
 1867. 1st Year Student, 2nd Coll. Prize.  
 1868. Prosector's Prize.  
 1869. 3rd Year Student, 1st Coll. Prize;  
 Treasurer's Gold Medal;  
 Physical Society's 3rd Year's Prize.  
**SAUNDERS (W. S.),** Camden Town.  
 1844. Midwifery, Hon. Cert.  
 1845. Medicine, Prize;  
 Midwifery, Prize;  
 Clinical Medicine, Prize.  
**SAVILL (T. D.),** Brixton.  
 w 1875-6. 2nd Entrance Science Scholarship;  
 1st Year Student, The William Tite Scholarship.  
 s 1876. 3rd Coll. Prize.  
 w 1876-7. 2nd Year Student, Hon. Cert.  
 s 1877. 2nd Year Student, 2nd Coll. Prize.  
**SCATCHARD (J. P.),** Boston Spa.  
 w 1892-3. 1st Year Student, 1st Coll. Prize.  
**SCOTT (R. J.),** Omagh, Tyrone.  
 1861. 1st Year Student, Hon. Cert.  
**SCUTT (T.),** Bere Regis.  
 w 1882-3. 3rd Year Student, 1st Coll. Prize.  
**SEDGWICK (J.),** Boroughbridge.  
 1854. Descriptive Anatomy, Hon. Cert.  
 1855. Surgery, Hon. Cert.;  
 Midwifery, Hon. Cert.  
**SEDGWICK (L. W.),** Boroughbridge.  
 1848. Descriptive and Surgical Anatomy, Prize;  
 Physiology and Anatomy, Prize;  
 Medicine, Hon. Cert.;  
 Midwifery, Prize;  
 Surgery, Prize.  
 1849. Physiology, 1st Prize;  
 Midwifery, 1st Prize;  
 Surgery, Prize;  
 Medicine, 1st Prize;  
 General Proficiency, Treasurer's Medal.  
**SELIGMANN (C. G.),** Maida Vale.  
 w 1892-3. 1st Year Student, 2nd Entrance Science Scholarship;  
 Half 2nd Coll. Prize.  
**SERGEANT (E.),** Preston.  
 1870. 3rd Year Student, 3rd Coll. Prize;  
 Cheselden Medal.  
**SEWELL (E.),** Little Oakley.  
 1848. Physiology and Anatomy, Hon. Cert.  
**SHARKEY (S. J.),**† Galway.  
 1874. Physical Society's 2nd Year's Prize.  
**SHAW (J.),** Clapham Road.  
 w 1874-5. 1st Year Student, 1st Coll. Prize.  
 s 1875. 1st Coll. Prize.  
 w 1875-6. 2nd Year Student, 1st Coll. Prize.  
**SHEA (H. G.),** London.  
 1860. 1st Year Student, Hon. Cert.  
 1861. 2nd Year Student, Hon. Cert.  
 1862. 3rd Year Student, 2nd Coll. Prize.  
**SHEA (J.),** London.  
 1855. Midwifery, Hon. Cert.  
 1859. Midwifery, Hon. Cert.  
**SHEARER (D. F.),** Bradford, Yorks.  
 s 1888. 2nd Year Student, Half 2nd Coll. Prize.  
 w 1889-90. 4th Year Student, qualified for Cheselden Medal.

\* Junior Demonstrator of Anatomy at St. Thomas's Hospital. Assistant Surgeon to the East London Hospital for Children and Women, Shadwell. Late Resident Assistant Surgeon to St. Thomas's Hospital.

† Physician to St. Thomas's Hospital. Examiner in Pathology, University of Oxford. Joint Lecturer on Pathological Anatomy, late Demonstrator of Morbid Anatomy, at St. Thomas's Hospital.



**SHEPPARD (C. E.),**\* Kensington.

- w 1873-4. 1st Year Student, 1st Coll. Prize.  
 s 1874. 1st Year Student, 2nd Coll. Prize.  
 w 1874-5. 2nd Year Student, 1st Coll. Prize.  
 s 1875. 1st Coll. Prize.  
 w 1875-6. 3rd Year Student, 2nd Coll. Prize;  
 Physical Society's 2nd Year's Prize.  
 w 1876-7. 4th Year Student, the Treasurer's  
 Gold Medal.  
 w 1877-8. Solly Medal and Prize, £20. Paper  
 published in Hosp. Reports, Vol.  
 VIII.

**SHEPPARD (W. J.),** Kensington.

- w 1880-1. 3rd Year Student, 3rd Coll. Prize.  
 w 1881-2. The Treasurer's Gold Medal.

**SHERRINGTON (C. S.),**† Caius Coll.,  
Cambs.

- w 1882-3. 6th Year, Grainger Testimonial  
 Prize.

**SHIRTLEIFF (E. D.),** Kingston-on-  
Thames.

- w 1882-3. 2nd Entrance Science Scholarship.

**SIDDALL (J. B.),**† Morton, Derby.

1862. 1st Year Student, Hon. Cert.  
 1863. 2nd Year Student, Hon. Cert.  
 1864. 3rd Year Student, Hon. Cert.; Hon.  
 Cert. for the Cheselden Medal.

**SIKES (A. W.),** Garrycloyne, Blarney.

- w 1892-3. 1st Year Student, 1st Entrance  
 Science Scholarship.  
 The William Tite Scholarship.

**SIMMONS (H. B. M.),** West Indies.

1849. Descriptive Anatomy, Hon. Cert.

**SIMON (M. F.),** Blackheath.

1866. 1st Year Student. 1st Coll. Prize.  
 1869. 3rd Year Student, 3rd Coll. Prize;  
 Prosecutor's Prize;  
 Prize and Hon. Cert. for Surgery and  
 Surgical Anatomy.

**SIMPSON (H.),** Market Weighton.

- w 1889-90. 3rd Year Student, 3rd Coll. Prize.

**SIMS (G. S.),** Derby.

- s 1881. 1st Year Student, 3rd Coll. Prize.

**SISSONS (W. H.),** Hull.

1858. Matriculation Examination—Physics,  
 &c., Prize.  
 1859. 2nd Year Student, Hon. Cert.;  
 Clinical Medicine, Prize.  
 Physical Society's Essay, Prize.  
 1860. 3rd Year Student, 2nd Coll. Prize;  
 Physical Society's Prize.

**SKINNER (W.),** Stockton-on-Tees.

1848. Botany, Hon. Cert.;  
 Materia Medica, Hon. Cert.

**SKIPPER (J.),** Dalston, London.

1852. Midwifery, Hon. Cert.

**SKIPTON (S. S.),** East Indies.

1851. Midwifery, Hon. Cert.

**SLATER (J. S.),** Bath.

1868. 1st Year Student, 1st Coll. Prize.  
 1869. Physical Society's 2nd Year's Prize.  
 1870. 3rd Year Student, 2nd Coll. Prize;  
 Treasurer's Gold Medal.

**SLAUGHTER (C. H.),** Farningham.

1855. Midwifery, Hon. Cert.

**SLAUGHTER (G. M.),** Farningham.

1854. Midwifery, Hon. Cert.

**SMITH (E.),** Wandsworth Common.

- w 1888-9. 1st Year Student, 2nd Entrance  
 Science Scholarship.  
 The William Tite Scholarship.

- s 1889. 1st Year Student, 1st Coll. Prize.  
 w 1889-90. 2nd Year Student, 1st Coll. Prize.  
 w 1890-1. 3rd Year Student, 2nd Coll. Prize.  
 s 1891. 3rd Year Student, 2nd Coll. Prize.  
 w 1891-2. 4th Year Student, qualified for  
 Cheselden Medal.

**Treasurer's Gold Medal.****SMITH (H. U.),** Reading.

- w 1876-7. 4th Year Student, Cheselden Medal.

**SMITH (R. P.),**§ Belvedere.

- s 1876. 2nd Year Student, 2nd Coll. Prize.

**SMYTH (H. J.),** Brondesbury.

- w 1882-3. 1st Year Student, 3rd Coll. Prize.  
 s 1883. 1st Year Student, 1st Coll. Prize.  
 w 1883-4. 2nd Year Student, 1st Coll. Prize.  
 s 1884. 2nd Year Student, 2nd Coll. Prize.  
 w 1885-6. 4th Year Student, Treasurer's Gold  
 Medal.

**SNATH (F.),** Boston, Lincolnshire.

1864. 3rd Year Student, Hon. Cert.

**SOLLY (E.),**|| Congleton.

- w 1883-4. 2nd Year Student, 2nd Coll. Prize.  
 w 1885-6. Solly Medal and Prize.

**SOLLY (R. V.),** Congleton.

- w 1884-5. 2nd Year Student, Half 2nd Coll.  
 Prize.

- w 1886-7. 4th Year Student, qualified for  
 Cheselden Medal.

**SPRAKELING (R. J.),** Canterbury.

1855. Midwifery, Hon. Cert.  
 1856. 2nd Year Student, Hon. Cert.;  
 Clinical Medicine, Prize.

**STABB (A. F.),** Ilfracombe.

- w 1885-6. 1st Year Student, 1st Entrance  
 Science Scholarship.

**The William Tite Scholarship.**

- s 1886. 1st Year Student, 2nd Coll. Prize.  
 w 1886-7. 2nd Year Student, The Musgrove  
 Scholarship.

- s 1887. 2nd Year Student, 1st Coll. Prize.

- w 1887-8. 3rd Year Student, 2nd and Tenure of  
 Musgrove Scholarship, with 1st  
 Coll. Prize.

- w 1888-9. 4th Year Student, qualified for  
 Cheselden Medal.

**Treasurer's Gold Medal.****STABB (E. C.),**¶ Ilfracombe.

- w 1883-4. 2nd Year Student, Prosecutor's Prize.  
 s 1884. 2nd Year Student, 1st Coll. Prize.

- w 1885-6. 4th Year Student, qualified for  
 Cheselden Medal.

**STABB (W. W.),** Torquay.

- w 1889-90. 4th Year Student, The Mead  
 Medal.

**STADDON (J. H.),** London.

1858. Clinical Medicine, Prize.  
 1859. Clinical Medicine, Prize.

**STEPHENS (J. N.),** Walton-on-Thames.

- w 1876-7. Physical Society's 1st Year's Prize.

\* Late Anaesthetist to the Dental Department.  
 Resident Assistant-Physician and Medical Registrar,  
 St. Thomas's Hospital.

† Lecturer on Physiology at St. Thomas's Hos-  
 pital. Fellow of Gonville and Caius College, Cam-  
 bridge. Professor-Superintendent of the Brown In-  
 stitution. Physiological Society Hon. Sec. Examiner  
 for the Natural Science Tripos, Parts II. and I., and  
 in Physiology for the M.B. Degree, Univ. Camb.  
 Examiner in Physiology for the Conjoint Board in  
 England.

‡ Late Physician to H.B.M. Legation, Japan.

§ Resident Physician and Medical Superintendent,  
 Bethlem Royal Hospital for Lunatics. Late Resident  
 Assistant-Physician to St. Thomas's Hospital.

|| Late Resident Medical Officer, Royal Free Hos-  
 pital. Late Surgical Registrar at St. Thomas's  
 Hospital.

¶ Resident Assistant Surgeon, late Surgical Regis-  
 trar, St. Thomas's Hospital.



STEPHENS (S. Sanders), Taunton.

1863. Physical Society's 2nd Year's Prize.

STEWART (A. H.), Regent's Park.

w 1891-2. 1st Year Student, 1st Entrance  
Science Scholarship;  
2nd Coll. Prize.

w 1892-3. 2nd Year Student, 2nd Coll. Prize.

STODDART (F. W.), Bristol.

w 1877-8. 1st Year Student, 1st Coll. Prize.

STOKES (W. G. G.), Cambridge.

w 1887-8. 3rd Year Student, 3rd Coll. Prize.

STONE (W. H.),\* London.

1854. Matriculation Examination—Scholar-  
ship;

1st Year Student, Scholarship;  
Descriptive Anatomy, Hon. Cert.;  
Botany, Prize;  
Chemistry, Prize.

1855. 2nd Year Student, Scholarship;

Forensic Medicine, Prize;  
Physical Society's Essay, Prize;  
Practical Chemistry, Prize;  
Medicine, Prize;  
Descriptive Anatomy, Hon. Cert.;  
Materia Medica, Prize;  
Physiology, Prize;  
Clinical Medicine, Mr. N. Smith's  
Prize;

1856. Clinical Medical Prize;  
General Proficiency, Treasurer's  
Medal.

SUMMERHAYES (H.), Crewkerne,  
Somersetshire.

1861. Matriculation Examination—Classics  
and Mathematics, President's Prize;  
Modern Languages, &c., Coll. Prize;  
Physics and Natural History, Coll.  
Prize;

The William Tite Scholarship.

1862. 2nd Year Tite's Scholarship.

1863. 3rd Year Tite's Scholarship;  
Treasurer's Gold Medal.

SUMMERHAYES (W.), Crewkerne,  
Somersetshire.

1856. Matriculation Examination—Classics  
and Mathematics, Hon. Cert.;  
Matriculation Examination—Modern  
Languages, Prize.

SUTCLIFF (E.), Camberwell.

1861. 1st Year, 3rd Coll. Prize;  
Matriculation Examination—Hon.  
Cert.

1863. 3rd Year Student, 3rd Coll. Prize.

SUTCLIFFE (J.), Ashton-under-Lyne.

1869. Prosecutor's Prize.

SUTCLIFFE (W. G.), Clapham.

w 1888-9. 1st Year Student, 1st Coll. Prize.

s 1889. 1st Year Student, 2nd Coll. Prize.

w 1889-90. 2nd Year Student, 2nd Coll. Prize.  
w 1891-2. 4th Year Student, The Cheselden  
Medal.

SWALLOW (J. D.), Reading.

1861. 2nd Year Student, Hon. Cert.

SWEETING (R. B.), Reading.

1853. 1st Year Student, Scholarship;  
Descriptive Anatomy, Hon. Cert.;  
Chemistry, Hon. Cert.

1854. 2nd Year Student, Scholarship;  
Midwifery Prize.

1855. 3rd Year Student, Scholarship;

Midwifery, Hon. Cert.;

Clinical Medicine, Treasurer's Prize.

SWEETING (T.), Reading.

1855. Midwifery, Hon. Cert.

TAKAKI (Kanehiro),† Kasumigaseki,  
Tokio, Japan.

w 1875-6. 1st Year Student, 3rd Coll. Prize.

s 1876. 2nd Coll. Prize.

w 1876-7. 2nd Year Student, 1st Coll. Prize.

s 1877. 2nd Year Student, 3rd Coll. Prize.

w 1877-8. 3rd Year Student, 2nd Coll. Prize.

w 1878-9. 4th Year Student;

The Cheselden Medal;

The Treasurer's Gold Medal.

TAKAYASU (M.), Japan.

w 1892-3. 2nd Year Student, The Musgrove  
Scholarship.

TALBOT (G. T.), Kidderminster.

1848. Medical Reports, Dr. Roots' Prize.

TAYLOR (C. M.), Wrawby, Brigg.

1871. 1st Year Student, 2nd Coll. Prize.

w 1872. 2nd Year Student, 1st Coll. Prize.

w 1873. 3rd Year Student, 1st Coll. Prize;  
Surgery and Surgical Anatomy, Hon.  
Cert.

TAYLOR (S.),‡ Burton-on-Trent.

w 1872. 3rd Year Student, Hon. Cert.

TAYLOR (S. J.), Grantham.

s 1875 1st Year Student, Hon. Cert.

w 1875-6. 2nd Year Student, The Musgrove  
Scholarship.

w 1876-7. 3rd Year Student, 2nd Year Mus-  
grove Scholarship, and 1st Coll.  
Prize.

w 1877-8. The Mead Medal;

The Treasurer's Gold Medal.

TEANBY (F. W.), Turnham Green.

1851. Practical Midwifery Prize.

1852. Clinical Medicine, Junior Prize;  
Midwifery, Hon. Cert.

THOMAS (L. M.), Camberwell.

1866. 1st Year Student, 3rd Coll. Prize.

1867. 2nd Year Student, 3rd Coll. Prize.

1869. 3rd Year Student, 2nd Coll. Prize;  
Cheselden Medal.

THOMAS (P. C.), Chelsea.

w 1887-8. 4th Year Student, qualified for the  
Mead Medal.

THOMAS (W. L.), Neath, Glamorgan.

1845. Chemistry Prize;

Materia Medica, Prize.

1847. Medicine, Hon. Cert.;

Physiology and Anatomy, Prize;

Physical Society's Essay, Prize.

THOMPSON (F. H.), Tenbury.

1870. Prosecutor's Prize.

THUDICHUM (G. D.), Kensington.

w 1878-9. Physical Society's 2nd Year's Prize.

THURSTON (E. O.), Panton Street.

s 1892. 2nd Year Student, Half 1st and 2nd  
Coll. Prizes.

w 1892-3. 3rd Year Student, Half 3rd Coll.  
Prize.

TIMOTHY (P. V.) London.

1851. Practical Midwifery, Prize;

Midwifery, Hon. Cert.

\* Late Physician to, and Lecturer on Physics and  
Natural Philosophy, and on Materia Medica at St.  
Thomas's Hospital; Late Examiner in Medicine,  
Royal College of Physicians; Late Assistant-Physician  
to the Hospital for Consumption, Brompton.

† Director-General of the Medical Department Im-  
perial Japanese Navy. Surgeon to the Tokio General  
Hospital.

‡ Assistant Physician West London Hospital. Late  
Demonstrator of Anatomy, St. Thomas's Hospital.  
Late Physician North London Hospital for Consump-  
tion.

**TINLEY (W. E. F.),** Whitby.

w 1891-2. 2nd Year Student, 1st Coll. Prize.  
s 1892. 2nd Year Student, Half 1st and 2nd Coll. Prizes.

w 1892-3. 3rd Year Student, Half 3rd Coll. Prize.

**TODD (A. J. M.),** Gravesend.

w 1863. 1st Year Student, 2nd Coll. Prize.

w 1864. Prosector's Prize.

**TOLLER (S. G.),**\* Notting Hill.

w 1885-6. 1st Year Student, 2nd Entrance Science Scholarship.

s 1886. 1st Year Student, 1st Coll. Prize.

w 1886-7. 2nd Year Student, Half 1st and 2nd Coll. Prizes.

w 1887-8. 3rd Year Student, 2nd Coll. Prize.

w 1888-9. 4th Year Student, The Mead Medal.

**TOMSON (K.),** Luton, Beds.

1842. Materia Medica, Prize.

1843. Medicine, Prize;

Clinical Medicine, Hon. Cert.

**TOMSON (W. B.),** Luton, Beds.

w 1879-80. 1st Year Student, 2nd Coll. Prize.

s 1880. 1st Year Student, 2nd Coll. Prize.

w 1880-1. 2nd Year Student, The Musgrove Scholarship, Prosector's Prize.

w 1881-2. 3rd Year Student, 2nd Coll. Prize; 2nd Tenure of Musgrove Scholarship.

s 1882. 2nd Coll. Prize.

w 1882-3. Treasurer's Gold Medal.

**TONKING (J. H.),** Camborne.

w 1884-5. 3rd Year Student, Half 2nd and 3rd Coll. Prizes

w 1885-6. 4th Year Student, The Cheselden Medal.

**TOTSUKA (K.),**† Tokio, Japan.

s 1882. 1st Year Student, 2nd Coll. Prize.

w 1882-3. 2nd Year Student, Half Musgrove Scholarship and 1st Coll. Prize combined.

w 1883-4. 3rd Year Student, 2nd Tenure of Half Musgrove Scholarship, with 3rd Coll. Prize.

**TREND (H. G.),** Bridgewater.

1853. Practical Midwifery, Prize;

Midwifery, Hon. Cert.

1854. Midwifery, Hon. Cert.;

Clinical Medicine, Treasurer's Prize.

**TREVES (W. K.),** Dorchester.

1863. Matriculation Examination—Physics and Natural History, Hon. Cert.;

Modern Languages and Modern History, Coll. Prize and Hon. Cert.;

1st Year Student, Hon. Cert.

1865. 2nd Year Student, 2nd Coll. Prize; Prosector's Prize.

**TURNER (H. G.),**‡ Camberwell Grove.

w 1885-6. 2nd Year Student, 2nd Coll. Prize.

s 1886. 2nd Year Student, 2nd Coll. Prize.

w 1886-7. 3rd Year Student, 3rd Coll. Prize.

s 1887. 3rd Year Student, 1st Coll. Prize.

w 1887-8. The Mead Medal.

**TYRRELL (W.),** Richmond.

1851. Descriptive Anatomy, Hon. Cert.

1852. Medicine, Hon. Cert.;

Surgery, Hon. Cert.

1853. Forensic Medicine, Hon. Cert.;

Ophthalmic Essay, Mr. Dixon's Prize.

1854. Surgical Reports, President's Prize.

**UMNEY (W. F.),** Sydenham.

w 1887-8. 2nd Year Student, 1st Coll. Prize.

**VARDY (J. L.),** London.

1854. Midwifery, Hon. Cert.

1855. Practical Midwifery, Prize.

**VERDON (H. W.),** Eccles.

1872. 2nd Year Student, Hon. Cert.

**WAGSTAFFE (W. W.),**§ Kennington.

1862. Matriculation Examination—Classics and Mathematics, President's Prize. Physics and Natural History Coll. Prize;

Modern Languages, &c., Coll. Prize;

1st Year Student, Treasurer's Prize.

1863. 2nd Year Student, 1st Coll. Prize.

1864. 3rd Year Student, 1st Coll. Prize; Physical Society's 3rd Year's Prize; Cheselden Medal;

Treasurer's Gold Medal.

**WALKER (R.),** Kendal.

1854. Descriptive Anatomy, Hon. Cert.;

Midwifery, Hon. Cert.

1855. Midwifery, Hon. Cert.

**WALLACE (C. S.),** Haslemere.

w 1887-8. 1st Year Student, Half 2nd Coll. Prize.

s 1888. 1st Year Student, 2nd Coll. Prize.

w 1888-9. 2nd Year Student, 1st Coll. Prize.

w 1889-90. 3rd Year Student, 2nd Coll. Prize.

**WALLER (A.),** Islington.

1864. 1st Year Student, 1st Coll. Prize.

1865. 2nd Year Student, 1st Coll. Prize.

1866. 3rd Year Student, 1st Coll. Prize; Physical Society's 3rd Year's Prize; Treasurer's Gold Medal.

**WALLER (C. B.),** London.

1860. 2nd Year Student, Hon. Cert.

**WARD (F. H.),**|| Scarboro'.

1863. 1st Year Student, Treasurer's Prize.

1864. 2nd Year Student, 1st Coll. Prize.

Physical Society's 2nd Year's Prize.

1865. 3rd Year Student, 1st Coll. Prize;

Physical Society's 3rd Year's Prize;

Cheselden Medal;

Treasurer's Gold Medal.

**WATSON (F.),** Nottingham.

1859. 1st Year Student, Hon. Cert.;

Matriculation Examination—Physics, &c., Prize.

**WAY (F. W.),** Fratton, Portsmouth.

1853. Descriptive Anatomy, Hon. Cert.;

Chemistry, Hon. Cert.

1854. Midwifery, Hon. Cert.

Surgery, Hon. Cert.

**WAY (J. P.),** Portsmouth.

1861. 1st Year, Hon. Cert.

**WEBBER (W. W.),** Crewkerne.

w 1876-7. 1st Year Student, 3rd Coll. Prize.

**WEBSTER (E.),** Lee.

w 1883-4. 1st Year Student, 1st Coll. Prize.

s 1885. 2nd Year Student, Half 2nd Coll. Prize.

§ Late Assistant Surgeon to, and Joint Lecturer on Anatomy at, St. Thomas's Hospital. Late Member of the Board of Examiners, Royal College of Surgeons.

|| Assistant Medical Officer, County Asylum, Tooting, Surrey.

\* Medical Registrar at St. Thomas's Hospital.

† Deputy Inspector General of Hospitals, Imperial Japanese Navy.

‡ Resident Assistant Physician to St. Thomas's Hospital.

**WEBSTER (H.), Dulwich.**

1851. Matriculation Scholarship, Hon. Cert.;  
Descriptive Anatomy, Hon. Cert.  
1852. Botany, Hon. Cert.  
1853. Midwifery, Hon. Cert.

**WEEKES (F. H.), Southampton.**

- w 1873-4. 1st Year Student, 3rd Coll. Prize.  
s 1874. 3rd Coll. Prize.  
w 1874-5. 2nd Year Student, 2nd Coll. Prize.  
s 1875. 3rd Coll. Prize.  
w 1875-6. 3rd Year Student, 3rd Coll. Prize.

**WELLS (A. E.), Brixton.**

- w 1877-8. 1st Year Student, 2nd Entrance  
Science Scholarship.

**WEST (J. F.)\***

1853. Midwifery, Hon. Cert.  
1854. Forensic Medicine, Hon. Cert.;  
Pathology, Hon. Cert.  
1855. Ophthalmic Reports, Prize.

**WHEATON (F. D. W.), Honiton.**

1845. Practical Midwifery, Hon. Cert.

**WHEATON (S. W.),† Battersea Park.**

- s 1885. 3rd Year Student, Half 1st and 2nd  
Coll. Prize.  
w 1885-6. 4th Year Student, The Mead Medal.

**WHITEHEAD (E. T.), Battersea.**

- w 1886-7. 1st Year Student, 2nd Coll. Prize.  
s 1888. 2nd Year Student, Half 2nd Coll.  
Prize.

**WHITEHEAD (J.), Preston.**

1861. 1st Year Hon. Cert.  
1862. 2nd Year Student, 3rd Coll. Prize.  
1863. 3rd Year Student, 2nd Coll. Prize.

**WILES (J.), Hitchin, Herts.**

1850. Physiology, Hon. Cert.  
1851. (Accoucheur) Midwifery, Prize.

**WILLIAMS (H.), Longley, nr. Gloucester.**

1868. 1st Year Student, 2nd Coll. Prize.  
1869. 2nd Year Student, 3rd Coll. Prize.

**WILLIAMS (J.), Westerleigh, Bristol.**

1855. 1st Year Student, Scholarship;  
Midwifery, Prize;  
Botany, Prize;  
Chemistry, Hon. Cert.;  
Descriptive Anatomy, Prize;  
Materia Medica, Hon. Cert.  
1856. 2nd Year Student, Treasurer's 1st  
Prize.  
1857. 3rd Year Student, Hon. Cert.;  
Gen. Proficiency, Treasurer's Medal.

**WILLIAMS (J.), Doncaster.**

1858. 1st Year Student, Hon. Cert.  
1859. 2nd Year Student, Hon. Cert.  
Clinical Medicine, Prize.  
1860. 3rd Year Student, Hon. Cert.

**WILLIAMS (P. H.), Monmouth.**

- s 1872. 1st Year Student, Hon. Cert.

**WILLIAMS (P. M. G.), Newcastle Emlyn**

1864. Practical Midwifery, Prize.

**WILLIAMS (R. M.), Beaumaris.**

- w 1879-80. 1st Entrance Science Scholarship.

**WILLIAMS (W. R.),‡ Nottingham.**

1856. Matriculation Examination in Classics,  
Mathematics, Hon. Cert.

**WILLIAMSON (R. J.), Ripon.**

- w 1876-7. 1st Entrance Science Scholarship.

**WINSTON (W. B.), Oxford Gardens.**

- w 1887-8. 1st Year Student, 2nd Entrance  
Science Scholarship.

- w 1888-9. 2nd Year Student, 2nd Coll. Prize.

- s 1889. 2nd Year Student, 1st Coll. Prize.

- w 1891-2. Solly Medal and Prize.

**WITHERBY (W. H.), Croydon.**

1858. Matriculation Examination in Modern  
Languages, Prize.

**WOAKES (E.), Luton, Beds.**

1856. 1st Year Student, Hon. Cert.  
1857. 2nd Year Student, 2nd Prize;  
Clinical Medical Prize.  
1858. Essay on Neuralgia, Mr. N. Smith's  
Prize;  
Surgery and Surgical Anatomy,  
Cheselden Medal.

**WOOD (G. J.), London.**

1863. Descriptive Anatomy, Hon. Cert.

**WOOD (R. H.), Loughborough,  
Leicester.**

1854. Descriptive Anatomy, Hon. Cert.  
1855. Surgery, Hon. Cert.;  
Midwifery, Prize;  
Medicine, Hon. Cert.;  
Descriptive Anatomy, Prize;  
Physiology, Hon. Cert.  
1856. Physical Society's Essay, Prize.

**WOODHOUSE (T. J.), London.**

1855. Chemistry, Hon. Cert.;  
Materia Medica, Hon. Cert.

**WOODMAN (W. E.), Camberwell.**

- s 1875. 1st Year Student, 2nd Coll. Prize.

**WOTTON (H. G.)**

1855. Midwifery, Hon. Cert.  
1856. Midwifery, Hon. Cert.

**WRENCH (E. M.), Cornhill.**

1851. Descriptive Anatomy, Hon. Cert.;  
Physical Society's Essay, Treasurer's  
1st Year's Prize.  
1852. Physiology, Hon. Cert.

**WRIGHT (E. H.), Jersey.**

- s 1885. 2nd Year Student, Half 2nd Coll. Prize.

**WYMAN (C.), Putney.**

- w 1889-90. Solly Medal and Prize.

**WYMAN (W. S.), Kettering, North-  
ampton.**

1852. Matriculation Examination Scholarship.

\* Late Surgeon to Queen's Hospital, and Professor  
of Clinical Surgery at Queen's College, Birmingham.

† Physician to the Royal Hospital for Children and  
Women, the Surrey Dispensary, and to the St.  
John's Home for Women; late Demonstrator of Physics,  
St. Thomas's Hospital.

‡ Late one of H. M. Commissioners in Lunacy; late  
Resident Physician to Bethlem Royal Hospital; late  
Lecturer on Mental Diseases at St. Thomas's Hospital.

All old Students of St. Thomas's Hospital are requested to send their *present*  
addresses to The Medical Secretary, *St. Thomas's Hospital, Albert*  
*Embankment, Westminster Bridge, S.E.*

# St. Thomas's Hospital MEDICAL SCHOOL.

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## CALENDAR AND PROSPECTUS

FOR THE  
YEAR COMMENCING OCTOBER 1ST, 1894.



1894 & 1895.

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LONDON :

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# THE ST. THOMAS'S HOSPITAL AMALGAMATED CLUBS.

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The several Students' Clubs were amalgamated in July, 1888, and are maintained by the subscriptions of the Members, and by a yearly grant from the Medical and Surgical Officers and Lecturers.

The Amalgamated Clubs comprise the Students' Club, the Medical and Physical Society, the St. Thomas's Hospital Gazette, and the following Clubs:—Athletic, Cricket, Cross Country, Football (Rugby and Association), Lawn Tennis, Rifle, Rowing, and Swimming.

All Students are strongly advised to join the Amalgamated Clubs when they enter the Medical School.

The Annual Subscription to the Amalgamated Clubs is Two Guineas. After the payment of five consecutive subscriptions the Student becomes a Life Member.

Life Membership may be compounded for in the first year by payment of Seven Guineas; in other years, by payment of Six Guineas.

New Club premises adjoining the Medical School were opened in June. They contain a Dining Room (51 ft. × 39 ft.) and a Smoking and Reading Room (distinct from the School Library), 51 ft. × 29 ft., supplied with Daily and Illustrated Weekly Papers. A Cloak Room with Lockers, and a Lavatory with Bath Rooms, are in the old building.

Subscriptions or Composition Fees may be paid to the Medical Secretary, Mr. G. RENDLE, or the Librarian, Mr. G. S. SAUNDERS.

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## MEDICAL SCHOOL.

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A Register of LODGINGS suitable for Students has been recently revised, and is kept in the Secretary's Office. Information as to terms, accommodation, &c., can be obtained on application. This Register has been especially prepared with a view to the convenience of new Students for whose accommodation in lodgings or otherwise no definite arrangements have been made.

Medical Practitioners, Clergymen, and Private Families residing in the neighbourhood receive Students for residence and supervision.

For information on all matters relating to the Medical School, Prizes, Scholarships, &c., application should be made to the Medical Secretary, Mr. G. RENDLE, at the Hospital, Albert Embankment, S.E., personally (10 to 4, Saturday, 10 to 1) or by letter.

# St. Thomas's Hospital

## MEDICAL SCHOOL.

The WINTER SESSION 1894-95 will commence on Monday, October 1st, and terminate on March 30th.

The SUMMER SESSION will begin on May 1st, and terminate on July 31st.

The Prizes will be distributed by the Rev. W. W. Merry, D.D., Rector of Lincoln College and Public Orator in the University of Oxford, in the Governors' Hall on MONDAY, October 1st, at 4 P.M. During the afternoon the various Departments of the Hospital and School will be open for the inspection of Visitors.

Refreshments will be provided in the Library.

The Annual Dinner, in which all former and present Students are invited to join, will take place the same evening in the Club Rooms at the Medical School, at 6 for 6.30 o'clock, Dr. Clapton in the Chair.

THE first Hospital of St. Thomas, within the precinct of the Priory of St. Mary Overie, being destroyed by fire in the year 1207, the prior and convent erected in the same year near the site of their house a temporary hospital. This building was in the emergency used for religious purposes; mass was said there until the priory was rebuilt. In 1228 Peter de Rupibus, Bishop of Winchester, built the Hospital of St. Mary or St. Thomas, Overie, on the opposite or eastern side of the highway, on land provided by Amicius, Archdeacon of Surrey, and dedicated it to St. Thomas the Martyr.

The following is a translation of the "charter" of 1228:—

"The Lord Peter's charter of indulgence for twenty days granted by him for this hospital.

"Peter, by the grace of God Bishop of Winchester, to all the faithful in Christ in the diocese of Winchester, greeting. In Him who is the salvation of the faithful. As saith the Apostle, bodily discipline which consists in fasts, vigils, and other mortifications of the flesh, profiteth little, while piety availeth for all things, having the promise of the life which now is, and of that which is to come.

"Our Lord Jesus Christ among the works of piety enumerates, commends, and teaches us to fulfil six, as though more praiseworthy and more meritorious than the rest, saying, 'I was an hungred, and ye gave Me to eat; I was thirsty, and ye gave Me to drink; I was a stranger, and ye took Me in; I was naked, and ye clothed Me; I was sick, and ye visited Me; in prison, and ye came to Me.' To them that

perform these works of piety He shall grant His blessing and the glory of His heavenly kingdom, saying, 'Come, ye blessed of My Father, receive the kingdom which has been prepared for you from the beginning of the world.' But to them that neglect and do not perform works of compassion He threatens His curse and the penalty of eternal fire, saying, 'Go, ye cursed, into eternal fire, which has been prepared for the devil and his angels.' It is therefore to be borne in mind, my dearest sons, and more deeply laid to heart, how needful and how conducive to the salvation of our souls it is to exercise more readily those works of piety whereby blessing is promised to us, and the felicity of eternal life is gained.

"Behold at Southwark an ancient hospital, built of old, to entertain the poor, has been entirely reduced to cinders and ashes by a lamentable fire. Moreover, the place wherein the old hospital had been founded was less suitable, less appropriate for entertainment and habitation, both by reason of the straitness of the place, and by reason of the lack of water and of many other conveniences: according to the advice of us, and of wise men, it is transferred and transplanted to another more commodious site, where the air is more pure and calm, and the supply of waters more plentiful. But whereas this building of the new hospital calls for many and manifold outlays, and cannot be crowned with its due consummation without the aid of the faithful, we request, advise, and earnestly exhort you all, and with a view to the remission of your sins enjoin you, according to your abilities, from the goods bestowed on you by God, to stretch forth the hand of pity to the building of this new hospital, and out of your feelings of charity to receive the messengers of the same hospital coming to you for the needs of the poor to be therein entertained, that for these and other works of piety you shall do, you may, after the course of this life, reap the reward of eternal felicity from Him who is the Recompenser of all good deeds, and the loving and compassionate God. Now we, by the mercy of God, and trusting in the merits of the glorious Virgin Mary, and the Apostles Peter and Paul, and St. Thomas the Martyr, and St. Swithin, to all the believers in Christ, who shall look with the eye of piety on the gifts of their alms—that is to say, having confessed, contrite in heart and truly penitent, we remit to such twenty days of the penance enjoined on them, and grant it to them to share in the prayers and benefactions made in the church of Winchester, and other churches erected by the grace of the Lord in the diocese of Winchester. Ever in the Lord; Farewell."

The Bishop of Winchester or the Archbishop seems to have granted, in 1277, to the Brethren power to elect their own Master; in a visitation, 1323, they are ordered to follow the rule of St. Augustine—the rule of the parent house—in obedience, chastity, renunciation of individual property, and the Master to eat with the Brethren.

In 1417 the Master and Brethren formed a Court of themselves, and exercised authority within the precincts of the Hospital over persons regular or secular, and in cases civil or even criminal.

The hospital, built in 1228, had by 1507 become dilapidated and insufficient; great efforts were then made to rebuild and enlarge it.



In the Duchy of Lancaster records there is "the Rentall of Thomas Becketts hospitall in Southwarke, of all the lands and tenements belonging to the hospitall." It contains the names of the tenants and the rents paid; it is without date, but from internal evidence must be early in the sixteenth century.

Within the precincts of the hospital was the renowned printing press of James Nycolson, who, in 1527, signed the contract for the painted windows of King's College, Cambridge, as "James Nycolson, of St. Thomas's Spytell in Southwark." The most remarkable issue from this press was the first English Bible printed in England, inscribed thus—"Imprynted in Southwarke in St. Thomas Hospitale by James Nycolson. Dedicated by M. Coverdale to the King 1537."

About this time there were a Master, Brethren, and three Lay Sisters; forty beds were made up for poor, infirm, and impotent people, who were supplied with victuals and firing.

In the year 1535, Henry VIII. was excommunicated by Pope Paul III., and, declaring himself head of the church, proceeded to dissolve the Catholic houses, whose large revenues went to the Crown. There seem to have been 645 monasteries and abbeys thus treated, twenty-eight of which had abbots with seats in Parliament, ninety colleges and free chapels, and 110 hospitals of various descriptions. It is certainly in favour of the sweeping change that so able and honest a man as Sir Richard Gresham, the Lord Mayor of London, should have put his hand to the following petition to the King:

"Most redowted, puyasant, and noble Prince \* \* \* \*—here and within the cytie of London be iij hospitalls or spytells commonly called Seynt Georges Spytell, Seynt Barthilmews Spytell, and Seynt Thomas Spytell, and the new Abbey of Tower Hill, founded of good devotion by auncient fathers, and endowed with great possessions and rents only for the reliefe, comfote, and helping of the poore and impotent people lying in every street, offending every clene person passing by the way with theyre fylthy and nasty savors. Wherefore may it please your merciful goodness, enclined to pytie and compassion, for the relieffe of Xts very images, created to his own similitude, to order by your high authoritie, as supreme head of this Church of England, or otherwise by your sage discretion, that your mayer of your cytie of London, and his brethren the aldermen for the time being, shall and may from henceforth have the order, disposition, rule and governaunce both of all the lands, tenements, and revenues apperteynyng and belongyn to the said hospitals, governors of them, and of the ministers which be or shall be withyn any of them, and then your grace shall facillie perceyve that where now a small number of Chanons, Priests, and Monkes be founde for their own profit only, and not for the common utilitie of the realme, a great number of poore, needy, syke and indugent persones shall be refreshed, maynteyned, and comforted: and also healed and cured of their infermities frankly and freely by physicions, surgeons and potycaries, which shall have stipende and salarie only for that purpose; so that all impotent persones not able to labour shall be releved, and all sturdy beggars not willing to labour shall be punished."



St. Thomas's Hospital being claimed by the King as Church property, was surrendered to him by Thomas Thirleby, the then master, on the 15th July, 1538. It was called St. Thomas à Becket's Spittil. Its yearly revenue was estimated at £266 17s. 6d., and an annual pension of 5s. 8d. was payable by the master, and another of 2s. 1d. by the curate, to the Archdeacon of Surrey. Soon after the seizure, we find that the citizens of London purchased of the Crown some of its landed estates, producing about £160 yearly. The want of the hospital thus destroyed was felt immediately. Wounded soldiers from the army in France, and the sick poor in general were without provision or help, and Henry proposed granting to the city the Mansion house of St. Bartholomew's, the dissolved house of Grey Friars adjoining, and the unoccupied fabric of St. Thomas's Hospital. The latter was intended by Henry to receive the name of the Hospital of the Holy Trinity, and to be allotted exclusively to lame, wounded, and diseased soldiers. The monastery of Grey Friars was to be for the education and maintenance of fatherless children and those of poor parents. The intentions of Henry were overtaken by death, but not before he had conferred upon the citizens of London the Hospital of St. Bartholomew's and also that of Bethlem for lunatics.

It is from the death of Henry that the connection of St. Thomas's Hospital with the City of London appears to begin. To meet the needs of the sick and destitute who had before depended on the charity of the religious houses, a Committee or Board of Inquiry was instituted by the citizens, with the sanction of King Edward. About 2,100 souls were reported as fit recipients of relief, as fatherless children and invalids, or as "Idle rogues of both sexes who were levying contributions on public sympathy by feigned tales of sorrow." It was proposed to establish receptacles for each class in the unoccupied monastic buildings, and a pecuniary contribution was set on foot to complete the work. They bought the dissolved house of the Franciscans or Grey Friars near St. Bartholomew's Hospital, and also by charter from the King received a grant as follows: "That the said mayor, commonalty, and citizens, and their successors, may have and enjoy all the franchises, immunities, and privileges whatever, which any Archbishop of Canterbury, and which the said Charles late Duke of Suffolk, or any master, brethren, or sisters of the late Hospital of St. Thomas in Southwark aforesaid; or any Abbot of the said monastery of St. Saviour, Saint Mary Bermondsey, next Southwark aforesaid, or any prior and convent of the priory of St. Mary Overie, ever had or enjoyed, or which we hold or enjoy, or our most dear father Henry the VIIIth, late King of England, or had enjoyed, or ought to have, hold, and enjoy the same: and that none of our heirs or successors may intermeddle with this our grant."

The Grey Friars became Christ's Hospital, and the Southwark site the Hospital of the Holy Trinity or St. Thomas's. The Lord Mayor and certain citizens then met on the 6th of October, 1552, and constituted themselves by royal permission governors of the hospitals, and almoners of the money collected. The Hospital of the Holy

Trinity they named in compliment to Edward, the "King's Hospital," and ordained it to receive 260 "wounded soldiers, blind, maimed, sick, and helpless objects."

They also directed that 380 children should be received into Christ's Hospital.

To complete the scheme, the old palace of Bridewell, in Blackfriars, where the Emperor Charles V. had lodged in 1522, when on a visit to Henry VIII., and where subsequently Wolsey had lived, was granted to the City by Edward as a house of correction for dissolute persons and idle apprentices, and for the temporary maintenance of distressed vagrants.

Lastly, the lands lately belonging to the Palace of the Savoy were conferred jointly on the three foundations; and a month only before the end of Edward's short reign, he incorporated by a second charter bearing date the 6th of June, 1553, the Lord Mayor and commonalty of the City of London in succession as perpetual governors of Saint Bartholomew's, Christ's, Bridewell, and the King's Hospital (which last received the name of ST. THOMAS THE APOSTLE), and secured to them the possession of all the estates and revenues appertaining to them by previous deeds of gift. So were the royal hospitals founded.

In 1557 the laws were framed and printed under the name of "The Order of the Hospitalls of K. Henry the VIII. and K. Edward the VI., viz., St. Bartholomew's, Christ's, Bridewell, St. Thomas's. By the Maior, Cominaltie, and Citizens of London," &c.

Successive bequests and donations continued to augment the property of the charities, but during the reigns of Elizabeth, James I., Charles I., and the Protectorate, there appear few facts to note. In the abstract of the charter of confirmation granted to the City in 1663 by Charles II. on his restoration, we find the charter of Edward acknowledged and confirmed. The Great Fire of London in 1666 injured St. Thomas's in its revenues only; and a fire in Southwark anno 1676 ceased, "as if by divine interposition," at the hospital, probably a strong and isolated block of building. Shortly after this, however, it was found necessary to rebuild the fabric, and in 1693 subscriptions were opened for this purpose. A long list of benefactions in this and the succeeding year, amounting in all to £37,769 3s., is given by Golding, who especially singles out Sir Robert Clayton for eulogium. The statue then erected to him, and still extant, was originally dated 1701, but this was altered on his death to 1714. He was the founder of the old square in which it stood, replacing what Golding terms "a low swampy structure of the monastic order." In 1707, Mr. Guy, founder of the neighbouring hospital, erected three wards at his own charge. In 1717, the back block of buildings adjoining Guy's Hospital was added. With the exception of the two large blocks forming the Borough frontage, the north wing erected in 1833, and the south wing in 1839, the fabric seems to have remained unchanged until its purchase by the railway. In the centre of the front quadrangle stood the brass statue of King Edward, by Scheemakers, erected first in 1737, in pursuance of the will of Charles

Joye, some time treasurer of the hospital. It now stands in the grounds of the New Hospital.

It is a matter of more difficulty to trace the early history of the medical school in connection with the hospital. For the facts which follow we are indebted to the late R. G. Whitfield, Esq., who, from the long period during which his family had been associated with this foundation, was perhaps more qualified to speak than any other person.

The earliest mention in the hospital books of an apprentice is on December 31st, 1561. It is not until 1702 that a law is met with precluding pupils or surgeons from dissecting the dead body without permission from the treasurer.

In 1703 the grand committee resolved that no surgeon should have more than three "Cubbs," a term altered in 1758 to that of "Dressers." Besides these there were also apprentices to the surgeons of the hospital, and ordinary pupils. The first mention of lectures occurs soon after the appointment of Wm. Cheselden, in 1718. These he at first gave at his own house, but afterwards by permission in the hospital. They were on anatomy and surgery. In 1723 a regular registry was ordered to be kept by the apothecary, of pupils entering to surgical practice. In 1725, Guy's Hospital was opened for the reception of patients. In 1751 the assistant-physician was allowed to take two pupils for his own benefit. In 1768 an additional surgeon, Mr. Joseph Else, was elected to read lectures to the pupils.

The students of Guy's Hospital had by courtesy been allowed to attend the operations, and a similar favour admitted the St. Thomas's men to those at Guy's. But on the 8th November, 1768, it was formally resolved that the pupils of each hospital have the liberty of attending not only the operations, but surgical practice, and the money to be divided between the six surgeons and two apothecaries. Hence the appellation of the "United Hospital"; an amalgamation never extended beyond the surgical practice.

To Mr. Else is due the foundation of a regular anatomical school. Mr. Cline, who in 1781 was appointed to read lectures conjointly with Mr. Else, was mainly instrumental in bringing it to its greatest celebrity. At Mr. Else's death, Mr. Cline purchased the collection of preparations made by him and Mr. Girle, a former surgeon, which are now in the hospital museum, and became sole lecturer on anatomy. In 1788 he also became surgeon to the hospital. Mr., afterwards Sir Astley, Cooper was apprenticed to Mr. Cline in 1784, and before his election, as one of the surgeons to Guy's Hospital in 1800, was joint lecturer with his teacher on anatomy and surgery. They both added materially to the pathological museum.

In 1812 Mr. Henry Cline was elected surgeon to St Thomas's Hospital on his father's resignation, and carried on the anatomical lectures conjointly with Astley Cooper. In 1813 a new anatomical theatre and museum were built, the hospital giving £3000 for the purpose, and the two lecturers £1000 each. In 1815 Mr. Benj. Travers, an apprentice of Astley Cooper's at Guy's, was elected surgeon, according to the established rule which gave the vacancy



to the senior apprentice of either institution. Mr. Travers joined in the lectures, devoting his attention specially to ophthalmic surgery. In 1820 Mr. Joseph Henry Green was elected surgeon, on the death of his cousin Mr. Hy. Cline, having been apprenticed to his uncle Mr. Cline in the year 1809. From 1820 to 1825 he lectured with Astley Cooper. At this period all the branches of medical study,—viz., medicine, chemistry, *materia medica*, midwifery, botany and physiology—were lectured on at Guy's Hospital, and no physician of St. Thomas's was allowed to share them.

In 1824 Sir A. Cooper resigned the surgical chair, and Mr. C. Aston Key, his apprentice and nephew by marriage, joined Mr. Green in the office. Mr. Frederick Tyrrell, standing in exactly the same relation to Cooper, received permission to lecture on diseases of the eye. In the following year Cooper showed signs of cerebral disturbance, and the family desired that his nephew, Mr. Bransby Cooper, should be his successor. But the claims of Mr. John Flint South were considered superior, and he was appointed. From this cause the "United Hospitals" were severed, and a complete school set up in both. The majority of the students clung to Guy's, where the prestige of the great Sir Astley was still strong; and St. Thomas's school began to sink. The establishment of the Aldersgate Street private school under Tyrrell and Lawrence materially aided in this declension, as did also the secession of Dr. Elliotson to the newly-established University College, and the foundation of a fresh school at King's College, where for a time the surgical lectures were given by Mr. Joseph Henry Green, although a surgeon of St. Thomas's.

Owing to the unprosperous state of affairs in 1842, the Governors came forward to reorganize the school, and the aid of Mr. R. D. Grainger, whose popularity had been established in the Webb Street private school, was obtained. Mr. Joseph H. Green also rejoined the school; and Dr. Marshall Hall, Dr. Hodgkin, Dr. Martin Barry, Dr. Gregory, and Mr. Benjamin Travers contributed to its efficiency. In 1847 the Governors added to the School a lectureship on general pathology in connection with the hospital practice, and appointed to that lectureship and the associated clinical duties Mr. John Simon, whom afterwards (1853) they made one of the surgeons. In 1855 they added a lectureship on public health, and appointed to it Dr. Headlam Greenhow, who afterwards became physician to the Middlesex Hospital. This state of affairs continued until 1858, when the Governors gave back the management, and its attendant risks, into the hands of the lecturers.

For some years it was maintained with difficulty, and much self-sacrifice on the part of the staff, during what may be termed a transitional period, in the hope, now realized, of its once more developing into an institution worthy of its old traditional glories.

From its foundation down to the year 1862, the hospital occupied the original site near London Bridge, but in that year the property was sold for the extension of the railway accommodation, and the establishment temporarily removed to the Surrey Gardens, where

it was carried on till the summer of 1871. In 1868 the first stone of the New Hospital at Westminster Bridge was laid by the Queen, and the completed building was opened by her Majesty in 1871. In September the patients were first admitted into the New Hospital, and the Medical School was opened on October the 2nd.

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## NIGHTINGALE NURSING SCHOOL.

The Committee of the "NIGHTINGALE FUND" have arrangements with the authorities of St. Thomas's for educating Women in the practice of Hospital Nursing. On the satisfactory completion of one year's training, they will be required to enter into service as Nurses in St. Thomas's or some other Hospital or Infirmary. A limited number of gentlewomen can be admitted under special agreements to this course of training, with a view to qualify themselves for superior appointments, or as District Nurses.

The Regulations as to the admission of Candidates may be obtained by writing to Miss L. M. Gordon, the Matron, St. Thomas's Hospital, London, S.E., to whom also application should be made by Institutions requiring trained Superintendents or Nurses.

Candidates should, whenever it is possible, make personal application to Miss Gordon, at the Matron's Office, at 10.30 a.m., on Tuesday or Friday.

The Nightingale Fund is the proceed of a public subscription raised at the close of the Crimean War, as a tribute to Florence Nightingale, for the services rendered by her in tending the sick and wounded soldiers in the Military Hospitals on the Bosphorus and at Balaklava. It was, by her request, vested in Trustees to enable her to establish an Institution for the training, sustenance, and protection of Nurses and Hospital attendants, and, as invested, produces an income of £1400. The management is in a Council, appointed by her. The School was opened at old St. Thomas's in 1860 with 12 probationers, increased to 39 in the present Hospital. 1210 candidates have been admitted and 725 trained Nurses have received appointments. A large number are now Matrons or Superintendents of Nurses.

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## THE HOSPITAL.

The original Hospital latterly contained 500 beds. The present building contains in all 572 beds. It consists of six blocks appropriated to the reception of patients; with one for the administrative and other offices, and one for the Medical School. The Ward blocks, though connected by corridors, stand apart, so as to afford free exposure in all directions. The Wards, with the exception of four which are placed on the ground floor, occupy the first, second, and third floors. Generally, each Ward affords accommodation for 28 beds, which are



placed against the piers between the windows, so as to secure thorough ventilation. In a small Ward annexed to each larger Ward, there are two beds for cases requiring special care or treatment.

The operating theatres are unusually large, and have been lately thoroughly refitted, refloored, and provided with electric lighting. They are now peculiarly well adapted for the carrying out of aseptic surgery.

Of the whole accommodation of the Hospital, about 180 beds are appropriated to ordinary Medical cases, and 230 to ordinary Surgical cases. There are special Wards for the reception of diseases peculiar to women (21 beds); for diseases of the eye (25 beds); for venereal affections (8 beds); and for children under six years of age (30 beds). In one of the blocks, separated from the rest of the establishment, there are Wards for infectious diseases.

The space provided for each bed in the ordinary Wards is upwards of 1,800 cubic feet, and in the block appropriated to infectious diseases, about 2,500 cubic feet.

The Out-patients' Department is extensive and well arranged, and every facility is afforded for the treatment of different forms of Medical and Surgical casualties and diseases.

During the twelve months ending December 31st, 1893, the number of patients admitted into the Hospital amounted to 5,464. In the same period, 21,514 Out-patients have been treated, and in the Maternity department 2,349 women have been attended at their own homes. Casualties, to the number of 82,782 attendances, were treated during the same period.

## THE MEDICAL SCHOOL.

The School buildings stand at the southern extremity of the Hospital, from which they are isolated by a large open quadrangle with terrace overlooking the river. They contain full accommodation for large classes of students.

During the summer of 1892 considerable alterations were carried out in the Physiological Department, the main object being to provide proper accommodation for the lectures and increased space in the large laboratory.

Since May, 1893, further extensive alterations and additions have been made. Two new wings have been added to the main building in order to provide laboratories for Pathology and Elementary Biology, and to properly house the Students' Club. The collection of Physical apparatus is located in a room on the ground floor, *en suite* with the Chemical Department.

The new west wing also includes a large Class room and special accommodation for the Classes in Operative Surgery.

The plan inserted between pages 14 and 15 shows the changes in detail, both on the ground and first floors.

## THE MUSEUM OF HUMAN AND COMPARATIVE ANATOMY AND PATHOLOGY.

*Curator.*—S. G. SHATTOCK, ESQ., F.R.C.S.

The Museum, which is of ample size and well lighted, has two galleries devoted entirely to the display of specimens illustrating Pathology: the different series are each preceded by a normal preparation of the organ to which they refer.

On the ground floor are the collections of Normal Human, and of Comparative Anatomy; there is, moreover, a series of type specimens of Pathology, selected to facilitate the study of this subject.

THE COLLECTION OF HUMAN ANATOMY contains a large number of dissected Preparations, illustrating the Organs of Locomotion and Sense; the Nervous System; the Digestive, Respiratory, and Urinary Apparatus; the Vascular System and Organs of Reproduction; and, in addition, a series of elaborate dissections.

THE PATHOLOGICAL COLLECTION contains above 3,000 specimens, arranged in series as follows:—Injuries and Diseases of the Organs of Motion; of the Organs of Digestion, of Circulation, of Respiration, of the Nervous System, of the Genito-Urinary System, and Malformations. The descriptive Catalogue of this collection has been entirely re-written by Mr. Shattock: the previous edition was edited by Mr. Sydney Jones.

Among the earliest contributors to the Museum were Mr. Cline, Sir A. Cooper, Mr. Travers, and Mr. Tyrrell; and many of the specimens are of great historical interest: those used by Sir A. Cooper to illustrate his works on Dislocations and Fractures, on Hernia, and on the Testis, are contained amongst them, as well as two preparations showing the result of Ligature of the Abdominal Aorta, one a case of Sir A. Cooper's, another that of Mr. J. F. South's. In the collection, too, are Mr. Travers's preparations illustrating the process of nature in repairing Injuries of the Intestines, and those furnished by his experiments on the ligature of Arteries.

The section of Fractures has been enriched by Sir William MacCormac, who presented numerous specimens of gun-shot injuries, etc., obtained from cases under his care during the Franco-German War (1870); that of Diseases of the Liver, by a large number of Biliary Calculi presented by Dr. Ord; and that of Diseases of the Larynx, by specimens presented by Dr. Semon.

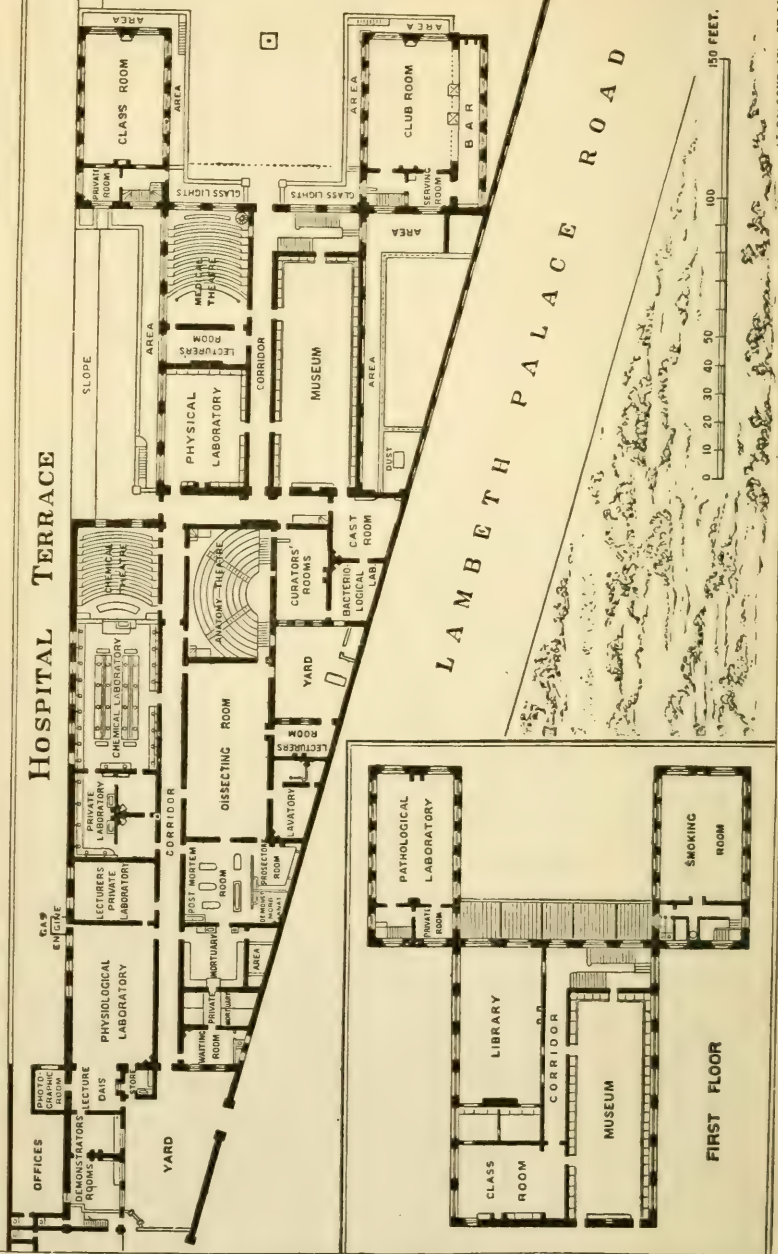
THE COLLECTION OF COMPARATIVE ANATOMY comprises about 400 dissected Preparations, and in addition an equal number of most carefully prepared osteological specimens. A large number of these dissections were made by Sir A. Cooper, to illustrate his Lectures, when Professor of Comparative Anatomy to the Royal College of Surgeons. The Catalogue of the nucleus of this collection was drawn up by Mr. John F. South.

THE CABINETS OF MICROSCOPICAL ANATOMY, which are under the charge of the Demonstrator of Practical Physiology, are available for use by Students who wish to examine them, subject to such regulations as may be deemed necessary.



# RIVER THAMES

## HOSPITAL TERRACE



THE MATERIA MEDICA MUSEUM contains in cases a complete collection of all the chemicals and organic substances included in the British Pharmacopœia ; all these are named and numbered. A second collection of all the chief medicinal substances is placed in drawers and is freely accessible to students. A large and very fine collection of dried medicinal plants, named according to the latest nomenclature, is displayed on the walls of the Museum.

The Museum is under the conjoint superintendence of the Lecturer on Pharmacy and Pharmacology and Mr. Shattock.

THE COLLECTION OF CHEMISTRY AND MINERALOGY is under the superintendence of Mr. Dunstan. The majority of the specimens were presented by the late Dr. Bernays.

The Museums are open to Students daily from 9 a.m. till 5 p.m., and every encouragement is given to Students to make use of the well-arranged educational series for the purposes of their studies.

## THE LIBRARY.

The Library, to which Students have access with the permission of the Librarian, and which can be used by them as a Reading Room, has been recently completely re-arranged and re-catalogued. It contains a valuable collection of standard works ; various periodicals are regularly taken in, and a number of modern text books are added from time to time for reference.

## LABORATORIES, THEATRES AND CLASS ROOMS.

The Chemical, Physiological, and Anatomical Departments are complete in themselves. They consist of large Laboratories for Classes, Private Laboratories, and each is provided with its own Lecture Room.

A large Laboratory for the Class in Pathological Histology has been erected, and forms a valuable complement to the Pathological Department. In the same building a Dissecting Room for the Class in Elementary Biology and a private Laboratory are provided, also a large class room for the various Tutorial Classes, and special accommodation for the Class in Operative Surgery.

A Bacteriological Laboratory, under the charge of Mr. Shattock, forms a part of the Pathological Department.

A separate Laboratory for the practical teaching of Physics contains the Physical Apparatus.

A special Theatre is devoted to the use of the Lecturers giving the more advanced systematic courses, as Medicine, Surgery, &c.

A building has been erected to provide new and improved accommodation for the Students' Club. (See pages 4 and 13.)

The new buildings were opened by H.R.H. the Duke of Connaught, K.G., President of the Hospital, on June 9th, 1894.



# MEDICAL AND SURGICAL OFFICERS.

## Consulting Physicians.

J. S. BRISTOWE, M.D. Lond., LL.D.,  
F.R.S.  
JOHN HARLEY, M.D. Lond.

## Consulting Obstetric Physician.

H. GERVIS, M.D. Lond.

## Consulting Surgeons.

Sir JOHN SIMON, K.C.B., Hon. M.D.  
Dub., F.R.S., D.C.L.  
SYDNEY JONES, M.B. Lond.  
JOHN CROFT.  
Sir WILLIAM MACCORMAC, M.A., D.Sc.,  
M.Ch. Hon. Causã.

## Consulting Ophthalmic Surgeon.

R. LIEBREICH.

## Physicians.

W. M. ORD, M.D. Lond.  
J. F. PAYNE, M.D. Oxon.  
S. J. SHARKEY, M.A., M.D. Oxon.  
T. D. ACLAND, M.A., M.D. Oxon.

## Assistant Physicians.

H. P. HAWKINS, M.A., M.D. Oxon.  
H. W. G. MACKENZIE, M.A., M.D.  
Cantab.  
H. G. TURNER, M.A., M.B. Oxon.

## Obstetric Department.

*Physician.*—C. J. CULLINGWORTH, M.D.  
*Assistant Physician.*—R. CORY, M.A.,  
M.D. Cantab.

## Throat Department

*Physician.*—F. SEMON, M.D. Berlin.

## Ear Department.

*Surgeon.*—C. A. BALLANCE, M.S. Lond.

## Electrical Department.

*Physician.*—H. G. TURNER, M.A., M.B. Oxon.

## Surgeons.

A. O. MACKELLAR, M.Ch.  
H. H. CLUTTON, M.A. Cantab.  
WILLIAM ANDERSON.  
B. PITTS, M.A., M.C. Cantab.

## Assistant Surgeons.

G. H. MAKINS.  
W. H. BATTLE.  
C. A. BALLANCE, M.S. Lond.  
H. B. ROBINSON, M.S. Lond.

## Eye Department.

*Surgeon.*—E. NETTLESHIP.  
*Assistant Surgeon.*—J. B. LAWFORD.

## Skin Department.

*Surgeon.*—WILLIAM ANDERSON.

## Dental Department.

*Surgeon.*—C. E. TRUMAN, M.A. Cantab.

## Resident Assistant Physician.

S. G. TOLLER, M.B. Lond.

## Resident Assistant Surgeon.

F. C. ABBOTT, M.S. Lond., F.R.C.S.

## Anæsthetists.

WALTER TYRRELL and E. F. WHITE, F.R.C.S.

## Anæsthetist to the Dental Department.

E. H. G. MORRIS, B.A., M.B. Cantab.

## Pharmaceutist.

EDMUND WHITE, B.Sc. Lond.

## Demonstrators of Morbid Anatomy.

H. P. HAWKINS, M.A., M.D. Oxon. H. W. G. MACKENZIE, M.A., M.D. Cantab.

## Consulting Chemist.

WYNDHAM R. DUNSTAN, M.A. Oxon., F.R.S.

## Medical.

C. R. BOX, M.D. Lond.

## Registrars.

### Surgical.

C. S. WALLACE, F.R.C.S.

### Obstetric.

W. W. H. TATE, M.D. Lond.

## Lecturers.

A. W. BENNETT, M.A., B.Sc. Lond. EDWARD SEATON, M.D.  
WYNDHAM R. DUNSTAN, M.A., F.R.S. S. G. SHATTOCK, F.R.C.S.  
F. G. PARSONS, F.R.C.S. C. S. SHERRINGTON, M.A., M.D. Cantab.,  
H. RAYNER, M.D. F.R.S.

## Curator of the Museum.

S. G. SHATTOCK, F.R.C.S.

## Librarian.

G. S. SAUNDERS.

## Dean of the School.

G. H. MAKINS F.R.C.S.

## Secretary to the School.

GEORGE RENDLE, M.R.C.S.

## LECTURERS AND DEMONSTRATORS.

## LECTURERS.

<i>Elementary Biology</i> ... ..	Mr. PARSONS.
<i>Chemistry, Chemical Physics, and Prac-</i> <i>tical Chemistry</i> ... ..	Mr. DUNSTAN.
<i>Descriptive Anatomy</i> ... ..	Mr. ANDERSON and Mr. MAKINS.
<i>General Anatomy and Physiology</i> ...	Dr. SHERRINGTON.
<i>Practical Physiology and Histology</i> ...	
<i>Midwifery, and Diseases of Women</i> ...	Dr. CULLINGWORTH.
<i>Practical and Manipulative Surgery</i> ...	Mr. MACKELLAR & Mr. BALLANCE.
<i>Medicine</i> ... ..	Dr. PAYNE and Dr. SHARKEY.
<i>Surgery</i> ... ..	Mr. CLUTTON and Mr. PITTS.
<i>Pathological Anatomy</i> ... ..	Dr. CORY and Mr. SHATTOCK.
<i>Forensic Medicine and Toxicology</i> ...	Dr. CORY and Mr. MACKELLAR.
<i>Pharmacology and Therapeutics</i> ...	Dr. MACKENZIE.
<i>Diseases of the Eye</i> ... ..	Mr. LAWFORD.
<i>Mental Disease</i> ... ..	Dr. RAYNER.
<i>Public Health and Sanitary Science</i> ...	Dr. SEATON.
<i>Clinical Surgery</i> ... ..	{ Sir WILLIAM MACCORMAC (EMERITUS LECTURER).
<i>Clinical Medicine</i> ... ..	The PHYSICIANS.
"    " <i>Obstetric</i> ... ..	Dr. CULLINGWORTH.
" <i>Surgery</i> ... ..	The SURGEONS.
"    " <i>Ophthalmic</i> ... ..	Mr. NETTLESHIP.
<i>Physics</i> ... ..	Mr. DUNSTAN.
<i>Botany</i> ... ..	Mr. A. W. BENNETT.
<i>Comparative Anatomy and Zoology</i> ...	Mr. PARSONS.

## TEACHERS AND DEMONSTRATORS.

<i>Physics and Chemistry</i> ... ..	Dr. INCE and Mr. LE SUEUR.
<i>Practical Pharmacy</i> ... ..	Mr. EDMUND WHITE.
<i>Practical Anatomy</i> ... ..	{ The LECTURERS, with Mr. PARSONS, Mr. ROBINSON, and Mr. STABB.
<i>Physiology and Practical Physiology</i> ...	Dr. SHERRINGTON, with Mr. KENT.
<i>Practical Medicine</i> ... ..	{ Dr. MACKENZIE and Dr. TURNEY, with Dr. Box.
<i>Practical and Manipulative Surgery</i> ...	The LECTURERS, with Mr. STABB.
<i>Practical Obstetrics</i> ... ..	Dr. CORY and Dr. TATE.
<i>Electro-Therapeutics</i> ... ..	Dr. TURNEY.
<i>Morbid Anatomy</i> ... ..	Dr. HAWKINS and Dr. MACKENZIE
<i>Morbid Histology</i> ... ..	Dr. TURNEY.
<i>Diseases of the Throat</i> ... ..	Dr. SEMON.
"    " <i>Skin</i> ... ..	Mr. ANDERSON
"    " <i>Ear</i> ... ..	Mr. BALLANCE.
"    " <i>Teeth</i> ... ..	Mr. TRUMAN.

## SUGGESTIONS TO STUDENTS ABOUT TO ENTER THE MEDICAL PROFESSION.



Registra-  
tion.\*

The commencement of Medical Study cannot be registered at the Office of the General Medical Council until the Student has passed a Preliminary Examination in the subjects of General Education as specified in the following list :

(1) English Language ; (2) Latin ; (3) Arithmetic, Algebra, and Euclid ; (4) Either Greek, Logic, or any Modern Language.

Preliminary  
Examina-  
tions.

A student who has not passed such an examination is recommended to pass either the Matriculation of the University of London, the Examination in Arts of the Apothecaries' Society of London, or the Professional Preliminary Examination of the College of Preceptors. The regulations respecting these may be obtained from the Registrar, University of London, Burlington Gardens, W., the Secretary, Apothecaries' Hall, Blackfriars, E.C., and the Secretary, College of Preceptors, Bloomsbury Square, W.C.

Certificates of Graduation, Matriculation, and the Local Examinations of British and Colonial Universities are accepted by the General Medical Council provided that the above-mentioned subjects be shown to have been included.

London  
University.

Students who propose to obtain Medical Degrees in the University of London must pass both the Matriculation and the Preliminary Scientific Examinations before commencing their regular Medical Studies.

For the Preliminary Scientific Examination and the Intermediate Examination in Medicine special classes are held during the Winter and Summer Sessions (see p. 38).

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**For a Student who enters in October**, intending to obtain the double qualification of the "Conjoint Board" (L.R.C.P. Lond. and M.R.C.S. Eng.), the following course of study is recommended. (For days and hours of Lectures, &c., see Time Table, p. 28.)

All Students are required to apply to the Medical Secretary for cards of Admission to the Lectures, &c., of each Session.

### First Winter Session.

Lectures.&c.

Anatomy, Elementary Biology, Elementary Physiology, Chemistry, and Physics. Anatomical and Physiological Demonstrations. Dissections.

Examina-  
tions.

"Sessional" at Medical School in December and in March. Part III. (Elementary Biology) of First Examination of the "Conjoint Board" in January, and Part IV. (Elementary Anatomy) in March.

### First Summer Session.

Lectures.&c.

Practical Chemistry and Practical Physiology, Demonstrations in Practical Pharmacy ; Practical Instruction in Pharmacy may be obtained from the Hospital Pharmacist. (Fee, three guineas for three months, p. 37.)

Examina-  
tions.

"Sessional" in July, and Parts I. (Chemistry and Physics) and II. (Practical Pharmacy)<sup>†</sup> of the "First Conjoint."

\* The Regulations of the General Medical Council with regard to Registration may be obtained from Messrs. Spottiswoode & Co., 54, Gracechurch Street, London, E.C.

† Part II. (Practical Pharmacy) may be deferred and taken as part of the "Third Conjoint."

### Second Winter Session.

Anatomy and Physiology with Demonstrations and Dissections. Lectures.&c  
 Practical Physiology. Tutorial Classes in Anatomy and Physiology.  
 "Sessional" in December and in March; "Tests," and "Second Con- Examina-  
 joint" (Anatomy and Physiology) in March. tions.

N. B.—The "Third Conjoint" cannot be taken until two years after the second examination has been passed; hence the importance of passing the second at this stage.

### Second Summer Session.

Hospital Practice, Medical and Surgical. Lectures.  
 Midwifery, Practical Obstetrics, Practical Surgery. Examina-  
 "Sessional" in July. tions.

The course of instruction in Practical Medicine must be attended by Candidates for Out-Patient Clinical Clerkships.

### Third Winter Session.

Hospital Practice, Medical and Surgical. Lectures  
 Medicine, Surgery, and Surgical Pathology, Practical Surgery, Practical Course of Pathological Anatomy. Examina-  
 "Sessional" in December and March. tions.

Clinical Clerkship (if not held during July, August, and September), and Dressership, in the Out-Patient Departments.

Maternity Cases may be attended at any time after the Lectures on Midwifery and a course of Practical Obstetrics by Students who have passed the "Second Conjoint."

### Third Summer Session.

Hospital Practice, Medical and Surgical, with Clerkship or Dressership. Lectures.  
 Pathological Anatomy, Forensic Medicine, Mental Disease, Therapeutics, and Public Health. Examina-  
 "Sessional" in July. tions.

### Fourth Winter Session.

Hospital Practice, Medical, Surgical, the Special Departments, and Post-mortem Examinations. Clerk or Dress in special Departments and Post-mortem Room. Instruction in Vaccination. (Fee, one guinea, p. 37.)

Practical Course of Pathological Anatomy (if not taken in third winter), Clinical Lectures on Medicine and Surgery; Obstetric Demonstrations; Diseases of Women; Diseases of the Eye. Lectures.

### Fourth Summer Session.

Hospital Practice, Medical and Surgical, and Special Departments. Lectures.  
 Clinical Medicine, Clinical Surgery. Tutorial Classes in Surgery, including operations upon the Dead Subject.

"Third Conjoint" in Medicine, Surgery, or Midwifery.

NOTE.—The three subjects *may* be taken at one examination.

Candidates for the Third Examination for the Diploma in Medicine and Surgery of the "Conjoint Board" are required to produce a certificate of attendance on not less than twenty labours. Students who have passed the "Second Conjoint," and have attended Lectures on Midwifery, and a Course of Practical Obstetrics, may enter their names for the Rota of Obstetric Clerks.

No Student is admitted to any part of the Third Examination of the "Conjoint Board" until at least two years after passing the Second Examination, and the latter cannot be taken until the end of the Second Winter Session.



### Fifth Year.

Hospital Practice, Medical and Surgical, and the Special Departments.

Attendance at a Fever Hospital and Clinical Demonstration at a recognised Lunatic Asylum.

Advanced Students are strongly advised to avail themselves of the opportunities afforded for Clinical Study of Fevers at the Hospitals of the Metropolitan Asylums Board, and of Mental Diseases at Bethlem Hospital in their fifth year.

NOTE.—The attendance (except that at a Fever Hospital) required in the Fifth Year must be subsequent to passing the Third Examination.

Examina-  
tions.

The "Final Conjoint" in Clinical Medicine and Clinical Surgery, and in Midwifery if not taken at the Third Examination.

The Final Examination cannot be taken until twelve months after the Third.

### Preliminary Summer Session.

If a Student enters in May, intending to obtain the qualification of the Conjoint Board, he is advised to pursue the following course of study:—

Lectures.

Elementary Biology, Lectures and Classes in Chemistry and Demonstrations in Practical Pharmacy.—Practical Instruction in Pharmacy may be obtained from the Hospital Pharmacist. (Fee, three guineas for three months, p. 37.)

Examina-  
tions.

Botany (if required for a higher examination).

Part I. (Elementary Biology.) Part II. (Practical Pharmacy) of "First Conjoint" in July or October.

NOTE.—Students who join a Medical School in May have the advantage of an additional three months to devote to the preparation for the four parts of the First Examination of the "Conjoint Board."

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All Students are required by the Governors to conform to the Regulations of the Hospital and Medical School, and the School Committee is empowered, with the approval of the Treasurer, to suspend or remove a Student at any time for adequate reason. (See also p. 36.)

As but few Lectures need be attended in the fourth and fifth years, the greater part of that time can, and should, be given to the practical study of disease in the Wards, Out-Patient Departments, and Post-Mortem Room.

Students intending to prepare for **University Degrees and other higher Examinations** should apply to the Medical Secretary for the Regulations relating thereto. (For Special Classes for these Examinations see p. 38.)

Students when qualified should use every effort to obtain one or more of the senior appointments open to them, especially those of House Physician, House Surgeon, and Obstetric House Physician. These and other appointments, of which details are given at p. 31, afford opportunities for obtaining practical professional knowledge which cannot be estimated too highly. No payment is required for any of them.

**N.B.**—The Regulations for the Sessional Examinations and Prizes will be found on pp. 32-33.



# HOSPITAL PRACTICE.

## CLINICAL TEACHING OF MEDICINE AND SURGERY.

CLINICAL instruction is given daily by the Physicians and Surgeons during their visits to the Wards, and by the Assistant Physicians and Assistant Surgeons in the Out-Patient Departments (Time Table, p. 22). Lectures on Clinical Medicine and Surgery are given in the afternoon every week throughout the academical year by one or more of the Physicians and Surgeons. A Special Course is also given by Sir W. MACCORMAC.

**Diseases of Women.**—Clinical instruction is given in Adelaide Ward on Tuesdays and Fridays at 2 p.m., and in the Out-Patient room on Wednesdays and Saturdays at 1.30 p.m.

**Diseases of Children.**—Instruction is given by Dr. CORY, in the Out-Patient room, on Saturdays at 1.30.

**Midwifery.**—A maternity department is connected with the hospital, women being attended in confinement at their own homes by students of the hospital, under the supervision of the Assistant Obstetric Physician (p. 32). Students are accompanied to their first cases by one of the Obstetric House Physicians.

**Diseases of the Eye.**—Clinical teaching in the Out-Patient rooms daily except Saturday. Clinical Lectures or Ophthalmoscopic Demonstrations weekly.

## SPECIAL DAYS AND HOURS FOR SURGICAL OPERATIONS.

|                          | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|--------------------------|------|-------|------|--------|------|------|
| Surgical Operations..... | —    | —     | 2.0  | —      | —    | 2.0  |
| Gynæcological „ .....    | —    | —     | —    | 2.0    | —    | —    |
| Ophthalmic „ .....       | 2.30 | —     | —    | —      | 2.0  | —    |

**Diseases of the Skin.**—Clinical instruction by Mr. ANDERSON on Fridays.

**Diseases of the Throat.**—Clinical instruction by Dr. SEMON on Tuesdays and Fridays. During the Winter Session Dr. SEMON gives a short course of Clinical Lectures to senior students.

**Diseases of the Ear.**—Clinical instruction by Mr. BALLANCE on Mondays. During the Winter Session Mr. BALLANCE gives a short course of Lectures to senior students.

**Mental Diseases.**—Clinical instruction by Dr. RAYNER on Thursdays.

**Diseases of the Teeth.**—Mr. TRUMAN and Assistant give instruction in Dental Surgery on Tuesdays and Fridays.

**Vaccination** is taught practically by Dr. CORY, who is authorised by the Local Government Board to give certificates of proficiency in Vaccination at St. Thomas's Hospital. Fee, One Guinea (see p. 37).

**Electro-Therapeutics.**—Instruction is given by Dr. TURNEY on Thursdays.

**Anæsthetics.**—The mode of Administration is taught practically by Mr. TYRRELL and Mr. WHITE.

## POST-MORTEM EXAMINATIONS.

|                    | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|--------------------|------|-------|------|--------|------|------|
| Dr. HAWKINS .....  | —    | 2.0   | 2.0  | —      | 2.0  | —    |
| Dr. MACKENZIE..... | 2.0  | —     | —    | 2.0    | —    | 3.0  |

TIMES OF ATTENDANCE OF THE PHYSICIANS AND  
SURGEONS IN THE WARDS.

|                        | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|------------------------|------|-------|------|--------|------|------|
| DR. ORD .....          | 2    | —     | —    | 2      | —    | —    |
| DR. PAYNE .....        | 2    | —     | —    | 2      | —    | —    |
| DR. SHARKEY .....      | —    | 2     | —    | —      | 2    | —    |
| DR. ACLAND.....        | —    | 2     | —    | —      | 2    | —    |
| DR. CULLINGWORTH ..... | —    | 2     | —    | —      | 2    | —    |
| MR. MAC KELLAR.....    | 2    | —     | —    | 2      | —    | —    |
| MR. CLUTTON .....      | —    | 2     | —    | —      | 2    | —    |
| MR. ANDERSON .....     | 2    | —     | —    | 2      | —    | —    |
| MR. PITTS .....        | —    | 2     | —    | —      | 2    | —    |
| MR. NETTLESHIP.....    | —    | 2     | —    | —      | —    | —    |

TIMES OF ATTENDANCE OF THE ASSISTANT-PHYSICIANS  
AND ASSISTANT-SURGEONS IN THE OUT-PATIENTS' ROOMS.

|                                  | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|----------------------------------|------|-------|------|--------|------|------|
| DR. HAWKINS.....                 | 1.30 | —     | —    | 1.30   | —    | —    |
| DR. MACKENZIE .....              | —    | —     | 1.30 | —      | —    | 1.30 |
| DR. TURNEY .....                 | —    | 1.30  | —    | —      | 1.30 | —    |
| DR. CORY (Women and Children)... | —    | —     | 1.30 | —      | —    | 1.30 |
| MR. MAKINS .....                 | 1.30 | —     | —    | 1.30   | —    | —    |
| MR. BATTLE .....                 | —    | 1.30  | —    | —      | 1.30 | —    |
| MR. BALLANCE .....               | —    | —     | 1.30 | —      | —    | 1.30 |
| MR. ROBINSON .....               | 1.30 | 1.30  | —    | —      | —    | —    |

TIMES OF ATTENDANCE IN THE OUT-PATIENT SPECIAL  
DEPARTMENTS.

|                                    | Mon. | Tues. | Wed.  | Thurs. | Fri. | Sat. |
|------------------------------------|------|-------|-------|--------|------|------|
| MR. NETTLESHIP } (Diseases of {    | —    | 1.30  | —     | —      | —    | —    |
| MR. LAWFORD } the Eye) {           | 1.30 | —     | 1.30  | 1.30   | —    | —    |
| DR. SEMON (Diseases of Throat)...  | —    | 1.30  | —     | —      | 1.30 | —    |
| MR. ANDERSON (Diseases of Skin)... | —    | —     | —     | —      | 1.30 | —    |
| MR. BALLANCE (Diseases of Ear)...  | 1.30 | —     | —     | —      | —    | —    |
| DR. TURNEY (Electro-Therapeutics)  | —    | —     | —     | 2      | —    | —    |
| MR. TRUMAN (Diseases of Teeth)...  | —    | 10    | —     | —      | 10   | —    |
| DR. CORY (Vaccination) .....       | —    | —     | 11.30 | —      | —    | —    |

# LECTURES, CLASSES, & DEMONSTRATIONS.

*A complete list of Lecturers and Demonstrators, p. 17.  
Time-table of days and hours of Lectures, &c., p. 28.*

## ELEMENTARY BIOLOGY.

MR. BENNETT, B.Sc., AND MR. PARSONS.

A three months' practical course to meet the requirements of the "Conjoint Board" is held twice yearly. (May, June, July; October, November, December.)

*Special classes*, for the Preliminary Scientific, are commenced in October for the July examination of the University of London. (Fee, see p. 38.)

## BOTANY.

MR. BENNETT, B.Sc.

A course of lectures on Systematic Botany is given during the Summer Session. It comprises the general principles of the classification of plants, with demonstrations of the characters of all the more important natural orders, especially those of medicinal value. The lectures are illustrated by diagrams and fresh specimens. (Fee, see p. 37.)

*Special classes* for the London University and other examinations commence in October. (Fee, see p. 38.)

## COMPARATIVE ANATOMY.

MR. PARSONS.

A course of six lectures, especially intended for the primary examination for the Fellowship of the College of Surgeons, is given twice yearly. (Fee, see p. 37.)

## CHEMISTRY AND CHEMICAL PHYSICS.

MR. DUNSTAN, F.R.S.

LECTURES on Chemistry and Chemical Physics are given three times weekly during the Winter Session, and on Chemistry during the Summer Session. These lectures are fully illustrated by experiments.

A course of Practical Work is commenced in January and is continued during the Summer Session.

These courses include the subject-matter of the various Examining Boards, and are specially arranged to afford the student an insight into the principles of chemical science and their application in Medicine.

A course of Chemical Demonstrations is given in connection with the Lectures on Toxicology and Forensic Medicine.

*Special classes* are held for students preparing for the Preliminary Scientific and Intermediate M.B. Examinations of the University of London, and for the Examinations of other Universities. (Fee, see p. 38.)

*A special course* of Practical Instruction is given in the Laboratory to Candidates for Diplomas in Public Health. (Fee, see p. 37.)

Arrangements may be made for additional Practical Work (Elementary and Advanced) in the Chemical Laboratory at fees which may be ascertained from the Medical Secretary.

## ANATOMY.

MR. ANDERSON AND MR. MAKINS.

(a) **ELEMENTARY.**—A six months' course, consisting of two lectures and one oral examination weekly, is given for first-year students, dealing with osteology and attachments of muscles and ligaments.

(b) **ADVANCED.**—A six months' course, consisting of three lectures and one oral examination weekly, is given for second-year or more advanced students.

The lectures are illustrated by fresh dissections and preparations.

Classes, conducted partly by examination, partly by demonstration, are held during the latter half of the Winter Session, and deal with those sections of anatomy which cannot be included in the lecture course.

(c) **PRACTICAL.**—During both winter and summer sessions the dissecting room is open for the use of students, and the demonstrators attend daily. A number of stock preparations are displayed in the room, and the others are preserved for use in the tutorial classes.

Tutorial classes are held prior to the January, March and July examinations of the "Conjoint Board," which all candidates are allowed to attend. A verbal test examination is held three weeks prior to the examinations, at which candidates must satisfy the teachers as to their knowledge before obtaining the necessary signatures to their schedules.

*Special classes* in advanced anatomy are conducted by the lecturers and demonstrators for the various University and the Fellowship of the College of Surgeons examinations. (Fee, see pp. 37, 38.)

### **PHYSIOLOGY.**

**DR. SHERRINGTON, F.R.S.**

A systematic course of lectures to meet the requirements of the "Conjoint Board" is given throughout the Winter Session. As certain portions of the subject are dealt with more fully in some years than in others, students are recommended to attend the course both in the first and second years.

The lectures are supplemented by practical instruction, chiefly in Chemistry and Histology. This course is intended for students of the second year, and others preparing for the second "Conjoint" examination.

A course of practical instruction in Chemical Physiology is also given to students of the first year, in the second half of their first Winter Session.

Tutorial classes in Physiology are held by the Demonstrator prior to the January, March and July examinations of the "Conjoint Board."

A *special class* in advanced Physiology is provided for those preparing for University examinations (Cambridge, London, Oxford), or for the Fellowship of the College of Surgeons. This class, taken by the Lecturer twice weekly from January to July, includes exercise in the use of physiological apparatus and advanced practical instruction in histological and chemical methods. (Fee, see pp. 37, 38.)

Each member of the advanced class has a table, cupboard, and drawers provided for him. He is required to deposit 5s. for the key to same, the money being returned at the end of the course.

Each member of the advanced course must provide himself with a microscope, dissecting instruments, object-slides, cover-glasses, labels, and a small sketch-book. Chemicals, staining and mounting fluids, etc., are provided for him.

### **HISTOLOGY, with practical work (SUMMER SESSION).**

**DR. SHERRINGTON, F.R.S.**

The tissues and organs of the body are systematically examined. Each Student is practically instructed in methods of preparing histological specimens.

Each Student must provide himself with the following :—

Microscope with two objectives ( $\frac{2}{8}$  inch and  $\frac{1}{8}$  inch foc. dist.), lifter for sections; slides and covers ( $\frac{1}{2}$  gross slides and  $\frac{1}{2}$  of No. 2  $\frac{7}{8}$  circles), drawing book (4to.), 2 camel hair brushes, H.B. pencil and water colours, soft cloth for cleaning slides, &c.; labels for slides; box to hold 12 dozen specimens; forceps, scalpel, fine scissors, and 6 large watch glasses. A table, cupboard and drawer, and chemicals, staining and mounting fluids, &c., are provided for him.

*The Laboratory is open from 9 to 1 and from 2 to 5 daily.*

### **PHARMACY, PHARMACOLOGY, AND THERAPEUTICS.**

**DR. MACKENZIE.**

Lectures are given three times a week during the Summer Session, the course being specially adapted to the requirements of candidates for the examination of the "Conjoint Board."

This course embraces the physiological actions of the various medicinal agents on the healthy body, and on general morbid conditions.



Demonstrations are given in the Materia Medica Museum by Mr. White and two assistants.

**PRACTICAL PHARMACY.**—Instruction is given by the Hospital Pharmacist, Mr. E. White, B.Sc., to students requiring it. (Fee, see p. 37.)

*Special classes* are arranged to meet the requirements of—(a) the "Conjoint Board," (b) the intermediate M.B. of the University of London, (c) the first M.B. of Oxford and second of Cambridge.

### **MIDWIFERY AND DISEASES OF WOMEN.**

**DR. CULLINGWORTH.**

A systematic course of lectures on Midwifery is delivered during the Summer Session, embracing the Physiology and Pathology of pregnancy, labour, and the puerperal state, preceded by an account of the anatomy and development of the female pelvis, and of the placenta and foetal membranes.

A short course of Obstetric demonstrations on the model is given by Dr. Cory during the Winter Session. It embraces the comparative relations of the head to the normal, and various contracted pelves; the use of the forceps, turning, craniotomy, etc.

A course of about twenty lectures on the Diseases of Women is delivered during the Winter Session. The lectures are partly systematic, partly clinical, the subjects varying from year to year, and are supplemented by practical teaching at the bedside and in the out-patients' room.

A class is held by the Obstetric tutor for practical instruction in the mechanism and management of labour and the use of instruments. No student is allowed to attend maternity cases until he has attended this class.

### **MEDICINE.**

**DR. PAYNE AND DR. SHARKEY.**

A systematic course of lectures on the Principles and Practice of Medicine is given three times weekly during the Winter Session.

Clinical lectures on Medicine are given once weekly throughout the Academic year, by the physicians to the Hospital in rotation. The subject of each is advertised beforehand in the Hospital and Medical School.

### **PRACTICAL MEDICINE.**

**DR. MACKENZIE AND DR. TURNEY.**

An elementary course of practical instruction in the means of physical diagnosis is held for about a month prior to each quarterly appointment of out-patient clinical clerks; no student can be appointed until he has attended this class, or an equivalent course elsewhere. Instruction is given in the principles and method of examination of the circulatory, respiratory, urinary, digestive, and nervous systems. Tutorial Classes are held prior to the January, April, and July Examinations of the "Conjoint Board," upon which attendance is voluntary.

### **SURGERY.**

**MR. CLUTTON AND MR. PITTS.**

A systematic course of lectures on General and Special Surgery is given three times weekly throughout the Winter Session. The subject, being too extensive for a six months' course, is completed in two Winter Sessions.

Clinical lectures on Surgery are given once weekly throughout the Academic year, by the surgeons to the Hospital in rotation. The subject chosen for each lecture is advertised beforehand in the Hospital and Medical School.

### **PRACTICAL SURGERY.**

**MR. MACKELLAR AND MR. BALLANCE.**

During the Summer Session Mr. Ballance holds a class once a week, providing special instruction for students about to apply for Out-patient dresserships. It comprises bandaging, the treatment of wounds, the use of



certain instruments and splints, and the demonstration of surgical landmarks on the living model. No student can be appointed a dresser until he has attended this class.

The Winter Course includes the diagnosis and treatment of fractures and dislocations, application of trusses and tourniquets, minor operations, treatment of hæmorrhage and surgical emergencies, and the completion of the Summer Course on instruments and applied anatomy.

The teachers of practical surgery are assisted by Demonstrators, who supervise the students after each lecture in the various manipulations on the living models provided.

Tutorial classes are held for six weeks prior to the January, April, and July examinations of the "Conjoint Board," upon which attendance is voluntary. These include general surgery, operative surgery, and surgical anatomy, by the teachers and Demonstrator of Practical Surgery; and surgical pathology, by Mr. Shattock.

### OPERATIVE SURGERY.

Classes are held by Mr. MacKellar previous to the January, April, and July examinations of the "Conjoint Board." The operations are performed by the students, subjects being provided at the expense of the school.

*Special classes* are held during the Summer Session and at other convenient times by Mr. Ballance and Mr. Battle, for students preparing for the higher examinations. The number of students to each subject is limited to two. (Fee, see p. 37.)

### PATHOLOGY, PATHOLOGICAL ANATOMY, AND BACTERIOLOGY.

#### DR. HAWKINS AND MR. SHATTOCK.

A course of lectures on General Pathology, Surgical Pathology, and the diseases of special organs is given by Dr. Hawkins and Mr. Shattock throughout the Winter and Summer Sessions. Each lecture is followed by a demonstration, in which the main points are illustrated by microscopical and museum preparations. Illustrative sections for microscopical examination are given to each student for preparation and mounting.

Mr. Shattock's course of lectures deals with morbid growths, with the pathological questions touched upon in the systematic course of Surgery, and with Bacteriology.

The Demonstrator of Morbid Histology holds occasional classes, in which the microscopical preparations contained in the pathological cabinet are shown and explained.

Students are selected annually to assist the Demonstrator of Morbid Histology.

Post-mortem examinations are performed daily at 2 p.m. by Dr. Hawkins or Dr. Mackenzie, and demonstrations given. Students are appointed to act as clerks, and are required to make examinations under the supervision of the demonstrators.

### FORENSIC MEDICINE AND TOXICOLOGY.

#### DR. CORY AND MR. MACKELLAR.

A three months' course of lectures is given during the Summer Session.

The Medical Section is taken by Dr. Cory.

The Surgical Section and Toxicology by Mr. MacKellar.

The lectures cover the synopses of the various Examining Boards, and are supplemented in the toxicological section by demonstrations by Dr. Ince.

## MENTAL DISEASES.

DR. RAYNER.

A three months' course of lectures is given during the Summer Session, comprising Symptomatology, Causation, States and Forms of Disease.

1. Mental Defects—Idiocy, Imbecility, etc.
2. Mental disorders—(a) States of Mental Depression, Melancholia, etc. ; (b) States of Mental Exaltation, Mania, etc. ; (c) States of Stupor ; (d) States of Chronic Disorder, and Dementia.
3. Mental disorder in relation to diseases, causes, etc.
  - (a) General paralysis, epilepsy, and other neuroses.
  - (b) Insanities of puberty, adolescence, pregnancy, parturition and lactation; climacteric and senile insanities.
  - (c) Insanities from injury, heat-stroke, fevers, etc.
  - (d) Insanities from alcohol, lead, and other toxic agencies.
  - (e) Insanity from gout, phthisis, and associated bodily diseases.
4. General Pathology.

Clinical Instruction is given by visits to Bethlem Hospital and other institutions for the Insane and Imbecile.

## DISEASES OF THE EYE.

MR. LAWFORD.

A course of about thirty lectures on the principal disorders and diseases of the Eye and its appendages is given during the Winter Session. Patients are frequently shown, or illustrative cases described.

An elementary class for learning the use of the Ophthalmoscope is held in October, January, and May. Ophthalmoscopic cases are shown once a week during the Winter Session.

Oral classes and demonstrations are held in connection with the Surgical tutorial classes for the examinations of the "Conjoint Board."

*A Special Course* of operations on the dead subject is given by Mr. Lawford. (Fee, see p. 37.)

## PUBLIC HEALTH.

DR. SEATON.

A course of lectures is given during the Summer Session, including :—

Statistics in relation to public health. Statutes relating to public health. Duties of sanitary authorities and their officers. House inspection, sanitary defects in houses injurious to health. Water supply, sources, distribution, and analysis. Infectious diseases, quarantine, isolation, hospitals temporary or permanent. Compulsory notification of infectious diseases, means of preventing spread of infectious diseases by schools. Vaccination and the prevention of small-pox. Meteorology in relation to epidemic diseases. Parasitic and other diseases of animals which may affect the health of man. Epidemics of illness traceable to milk and other foods. Construction and ventilation of sewers, methods of sewage disposal.

The lectures are supplemented by Public Health demonstrations, relating to water supply, systems of sewage disposal and purification, establishment and arrangement of Isolation Hospitals, house drainage, &c.

*Special Classes.*—A six months' course of laboratory instruction for the various diplomas in public health is given by Dr. Seaton, Mr. Shattock, and Mr. Dunstan. (Fee, see p. 37.)

A shorter course of one or two months for students who do not need the above is also given. (Fee, see p. 37.)

# DAYS AND HOURS OF LECTURES AND DEMONSTRATIONS. WINTER SESSION.

|                                           | Mon.   | Tues.  | Wed.   | Thurs. | Fri.   | Sat.   | Years of Attendance |
|-------------------------------------------|--------|--------|--------|--------|--------|--------|---------------------|
| Elementary Biology.....Oct., Nov., Dec.   | —      | 12     | —      | 12     | —      | —      | 1st Year.           |
| Physics, Chemistry & Practical Chemistry  | 11.30  | —      | —      | —      | 10.30  | 10.30  | do.                 |
| Descriptive and Surgical Anatomy... {     | —      | 9.30   | —      | 9.30   | —      | 9.30   | do.                 |
|                                           | 11     | 11     | —      | 11     | —      | 11     | 2nd Year.           |
| Anatomical Demonstrations.....            | 10½-4½ | 10½-4½ | 10½-4½ | 10½-4½ | 10½-4½ | 10½-1  | 1st & 2nd.          |
| Physiology .....                          | 9.30   | —      | 9.30   | —      | 9.30   | —      | 2nd Year.           |
| Physiological { Jan., Feb., Mar.,         | 10.30  | 12     | —      | —      | 12     | —      | 1st Year.           |
| Demonstrations { Oct. to Mar.             | 12     | —      | —      | 12     | 10.30  | —      | 2nd Year.           |
| Practical Surgery ..... Oct., Nov., Dec.  | —      | —      | 9      | —      | —      | —      | 3rd Year.           |
| Comparative Anatomy (six lectures) .....  | —      | —      | 11     | —      | —      | —      | 3rd Year.           |
| Medicine..... { Oct., Nov., Dec.          | 9      | —      | —      | 9      | 9      | —      | do.                 |
|                                           | 12.30  | —      | 12.30  | 4      | —      | —      |                     |
|                                           | —      | 9      | —      | 4      | —      | 9      |                     |
| Surgery ..... { Oct., Nov., Dec.          | —      | 9      | —      | —      | —      | 9      | do.                 |
|                                           | 9      | —      | —      | 9      | —      | 9      |                     |
| Bacteriology and Surgical Pathology.....  | —      | 12     | —      | —      | 12     | —      | do.                 |
| Diseases of Women..... Jan., Feb., Mar.   | —      | —      | 9      | —      | 9      | —      | 3rd or 4th.         |
| Pathological Anatomy (Practical) .....    | —      | —      | —      | —      | —      | 11½-1½ | do.                 |
| Diseases of the Eye... { Oct., Nov., Dec. | —      | 5      | —      | —      | 5      | —      | do.                 |
|                                           | —      | 5      | —      | —      | —      | —      | do.                 |
| Obstetric Demonstrations (six) .....      | —      | —      | 4      | —      | —      | —      | do.                 |

## SUMMER SESSION.

|                                          | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat.   | Years       |
|------------------------------------------|------|-------|------|--------|------|--------|-------------|
| Botany .....                             | —    | 10    | 10   | —      | —    | —      | 1st Year.   |
| Elementary Biology .....                 | —    | 11-1  | —    | —      | 10   | —      | do.         |
| Practical Pharmacy (Demonstration).....  | —    | —     | —    | 11.30  | —    | —      | do.         |
| Chemistry and Practical Chemistry.....   | 11-1 | —     | —    | —      | 11-1 | 9½-11½ | do.         |
| Practical Physiology.....                | —    | 2     | 2    | —      | 2    | —      | do.         |
| Do. Advanced Voluntary Class .....       | —    | —     | 4.30 | 2      | —    | —      | —           |
| Anatomical Demonstrations .....          | 11-4 | 11-4  | 11-4 | 11-4   | 11-4 | 11-1   | 2nd Year.   |
| Midwifery .....                          | —    | 9     | 9    | 9      | 9    | —      | do.         |
| Comparative Anatomy (six lectures) ..... | —    | —     | —    | —      | 2    | —      | do.         |
| Practical and Manipulative Surgery ..... | 9    | —     | —    | —      | —    | —      | do.         |
| Pathological Anatomy .....               | —    | —     | 12   | —      | 12   | —      | 3rd Year.   |
| Do. Demonstration.....                   | —    | —     | —    | —      | —    | 10.30  | do.         |
| Forensic Medicine .....                  | —    | 4     | —    | 4      | —    | 9      | do.         |
| Mental Diseases .....                    | —    | —     | —    | 12.30  | —    | —      | 3rd or 4th. |
| Public Health and Sanitary Science ..... | 12   | —     | —    | —      | —    | —      | do.         |
| Pharmacology and Therapeutics.....       | —    | —     | 4.30 | —      | 4.30 | 12     | do.         |
| Diseases of the Eye .....                | 5    | —     | —    | —      | —    | —      | do.         |

*The times of delivery of the Clinical Lectures are arranged, in accordance with other work, in the course of the Session.*

## SCHOLARSHIPS, PRIZES, APPOINTMENTS, & HONORARY DISTINCTIONS.

### OPEN SCHOLARSHIPS IN NATURAL SCIENCE.

As an inducement to the study of Natural Science before the commencement of the strictly Medical Course, two Scholarships, of the value of £150 (*i.e.*, a free admission and £60 respectively, are awarded annually, after an examination in Physics, Chemistry, and either Botany, Zoology or Physiology, at the option of Candidates. The Medical School Committee is empowered to grant an Exhibition of £20 to any *unsuccessful* competitor who obtains sufficient marks to qualify for a Scholarship.

These Scholarships are open to all Students not exceeding 24 years of age who have passed a recognised Preliminary Examination in Arts, and have not yet attended Lectures on Anatomy of the first year, without any condition as to their becoming Students of the Hospital, except in the case of successful Candidates, who must enter at once as "Perpetual" Pupils. The Examination will be conducted by means of written papers and practical work, and will be held on the 27th, 28th, and 29th of September, 1894. The standard, so far as the subjects are the same, will be that of the Preliminary Scientific Examination for Honours of the University of London. Competitors are required to send in their names with choice of optional subject and Certificate of Birth and of Preliminary Examination to the Medical Secretary not later than September 17th.

### SCHOLARSHIP IN ANATOMY, PHYSIOLOGY & CHEMISTRY.

A Scholarship of the value of £50 will be offered for competition in the last week of September. It is open to Students who have completed their examinations in Anatomy, Physiology, and Materia Medica and Pharmacy for a Medical Degree in any of the Universities of the United Kingdom, and have not entered as Students in any London Medical School.

### THE WILLIAM TITE SCHOLARSHIP.

This Scholarship, founded by the late Sir W. TITE, C.B., M.P., F.R.S., of the value of £27 10s., is awarded each year to the Student placed highest in the 1st Class List in the examinations at the end of the first Winter Session. Preference, in case of equality between Students, is to be given to the son of a medical man, and more particularly of one who has been educated at St. Thomas's Hospital or is in Practice in Bath.

### THE MUSGROVE SCHOLARSHIP.

This Scholarship, founded by Sir JOHN MUSGROVE, Bart., the late President of the Hospital, of the value of £38 10s., is awarded biennially to the Student who shall take the highest place in the 1st Class List in the examinations at the end of the Second Winter Session. It is tenable for two years, provided the holder obtains a place in the 1st Class in the Examinations at the end of the third winter.

### THE PEACOCK SCHOLARSHIP.

This Scholarship, founded by the will of the late Dr. THOMAS BEVILL PEACOCK, for many years Physician, and at the time of his death Consulting Physician to St. Thomas's Hospital, is of the same value as the Musgrove Scholarship; is awarded and held upon the same terms; and is given every second year in alternation with that Scholarship.

### THE BEANEY SCHOLARSHIP.

This Scholarship, founded by the will of the late Dr. BEANEY, of the value of £52 10s., is awarded biennially, after an examination in Surgery and Surgical Pathology, to a student who shall have completed his fifth but not his seventh year. The examination is held during the Summer Session.

### THE SALTERS' COMPANY RESEARCH FELLOWSHIP.

This Fellowship of the annual value of £100 has been established and endowed by the Salters' Company, with a view to the promotion of research



in Pharmacology. The Fellowship is awarded to a properly qualified person by the Company on the nomination of the Treasurer of St. Thomas's Hospital and a Committee of Selection. It may be held for a term of three years, the Fellow carrying on his researches at St. Thomas's Hospital and giving annual evidence of the performance of satisfactory work to the Committee of Selection. The Fellow is required to devote his whole time to research and to hold no other office or appointment except by special permission of the Salters' Company, granted on the strong recommendation of the Committee of Selection.

## PRIZES.

The following Scholarships, Prizes, and Medals, will be offered for Competition during the year 1894-1895:—

TWO OPEN SCHOLARSHIPS IN NATURAL SCIENCE of the value of £150 and £60 respectively, at the commencement of the 1st year.

ONE OPEN SCHOLARSHIP IN ANATOMY, PHYSIOLOGY AND CHEMISTRY of the value of £50, at the commencement of the 3rd year.

### AT THE END OF FIRST YEAR.

|                |      |     |                              |     |     |      |      |
|----------------|------|-----|------------------------------|-----|-----|------|------|
| <i>Winter.</i> | 1st. | ... | The William Tite Scholarship | ... | ... | £27  | 10s. |
|                | 2nd. | ... | College Prize                | ... | ... | £20. |      |
|                | 3rd. | ... | Ditto                        | ... | ... | £10. |      |
| <i>Summer.</i> | 1st. | ... | College Prize                | ... | ... | £15. |      |
|                | 2nd. | ... | Ditto                        | ... | ... | £10. |      |

### SECOND YEAR.

|                |      |     |                          |     |     |      |      |
|----------------|------|-----|--------------------------|-----|-----|------|------|
| <i>Winter.</i> | 1st. | ... | The Musgrove Scholarship | ... | ... | £38  | 10s. |
|                | 2nd. | ... | College Prize            | ... | ... | £20. |      |
|                | 3rd. | ... | Ditto                    | ... | ... | £10. |      |
| <i>Summer.</i> | 1st. | ... | College Prize            | ... | ... | £15. |      |
|                | 2nd. | ... | Ditto                    | ... | ... | £10. |      |

### THIRD YEAR.

Second Tenure of the Peacock Scholarship (if holder obtains 1st Class in this examination)... £38 10s.

|                |      |     |               |     |     |      |  |
|----------------|------|-----|---------------|-----|-----|------|--|
| <i>Winter.</i> | 1st. | ... | College Prize | ... | ... | £20. |  |
|                | 2nd. | ... | Ditto         | ... | ... | £15. |  |
|                | 3rd. | ... | Ditto         | ... | ... | £10. |  |
| <i>Summer.</i> | 1st. | ... | College Prize | ... | ... | £15. |  |
|                | 2nd. | ... | Ditto         | ... | ... | £10. |  |

Students of each year are classed according to their respective merits in the examinations, and those in the *first* class in each year receive Certificates of Honour, and a preference in the selection for Hospital Appointments.

Free Scholarships are given to distinguished Pupils of Merchant Taylors' and City of London Schools, and Epsom College.

In addition there are awarded—

THE CHESELDEN MEDAL, *Annually.*

THE MEAD MEDAL, *do.*

THE SOLLY MEDAL AND PRIZE, *Biennially.*

THE BEANEY SCHOLARSHIP, *do.*

THE GRAINGER TESTIMONIAL PRIZE, *Annually.*

THE TREASURER'S GOLD MEDAL, *do.*

THE BRISTOWE MEDAL, *do.*

Intending Competitors, especially those who have spent a part of their curriculum elsewhere, should apply to the Medical Secretary for detailed regulations.

The CHESELDEN MEDAL, founded by the late GEORGE VAUGHAN, Esq., is annually awarded to the Fourth Year's Student who most distinguishes himself in respect of a Special Practical Examination in Surgery and Surgical Anatomy.

The MEAD MEDAL, founded by Mr. and Mrs. NEWMAN SMITH, is awarded annually to a Fourth Year's Student, in respect of a Special Practical Examination in Medicine, Pathology and Hygiene.



The SOLLY MEDAL, together with a Prize in Money, will be awarded biennially. Those Students are eligible to compete who shall be of from three to six years' standing. The award is made for the best series of Reports of Surgical cases coming under the Student's personal observation in the Wards, not, however, to exceed ten in number.

The BRISTOWE MEDAL will be awarded annually in respect of a special Practical Examination in Pathology and Morbid Anatomy.

The GRAINGER TESTIMONIAL PRIZE, of the value of Fifteen Pounds, is awarded annually for work in Anatomy and Physiology. The conditions of competition for this Prize have recently been altered, and can be learnt from the Medical Secretary.

The TREASURER'S GOLD MEDAL for General Proficiency and Good Conduct, is awarded at the end of the 4th Winter Session to the Student who has passed through his pupilage in St. Thomas's Hospital in the most meritorious manner.

### APPOINTMENTS.\*

A RESIDENT ASSISTANT PHYSICIAN and a RESIDENT ASSISTANT SURGEON, at a salary of £100 per annum each, are from time to time appointed. The appointments are annual, but the tenure of office may be renewed for a term not exceeding three years.

TWO HOSPITAL REGISTRARS, at an annual Salary of £100 each, are appointed in each year. They are eligible for annual re-appointment, but may not hold office for more than five years. Preference will be given to Gentlemen who have been distinguished for merit, and have completed their studies in the School. The payment of the Registrars is subject to the presentation of a Report upon the Practice of the Hospital, and to such Report being regarded as satisfactory by the Medical Officers to whom it shall have been referred.

AN OBSTETRIC TUTOR AND REGISTRAR is appointed each year, at an annual salary of £50. He is eligible for annual reappointment, but may not hold office for more than five years consecutively. The holder of the office takes part in the tutorial instruction of students, under the direction of the Obstetric Physician.

**House Appointments, open to Students who have obtained their diplomas.** (*The duties of these offices commence on the first Tuesday in March, June, September, and December.*)

Four HOUSE PHYSICIANS, Four HOUSE SURGEONS, and Two ASSISTANT HOUSE SURGEONS, are selected every three months. Two of the House Physicians and the Assistant House Surgeons are non-resident, but the other Officers are provided with Rooms and Commons in the Hospital, free of expense.

A SENIOR and JUNIOR OBSTETRIC HOUSE PHYSICIAN are selected every three months. The former is provided with Rooms and Commons in the Hospital, free of expense. The latter is provided with Commons, and must live near the Hospital.

TWO OPHTHALMIC HOUSE SURGEONS are appointed for six months, one of whom receives a Salary at the rate of £50 per annum, and the other is provided with Commons. They must live near the Hospital.

CLINICAL ASSISTANTS in the Departments for Diseases of the Throat, Skin, and Ear, and in the Electrical Department, are appointed every three months.

In the Special Departments preference is given to those who have worked in a satisfactory manner therein as Clinical Clerks and Dressers.

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\* All these Appointments are open to Students without extra payment.

### Appointments for Un-qualified Students.

CLINICAL CLERKS and DRESSERS to In-patients are selected to the number of at least 100 each year, from amongst the most eligible pupils. The DRESSER on Accident Duty is provided with a Room and Commons in the Hospital. CLINICAL CLERKS and DRESSERS for the Out-patients are also appointed, to the number of at least 80 to 100 each year; applicants are required to have passed the 2nd examination of the Conjoint Board, or an equivalent examination, and to have attended a course of instruction in Elementary Clinical Medicine (p. 25). (*The Duties commence on the first Tuesday in January, April, July, and October.*)

OBSTETRIC CLERKS are appointed, in rotation, from a list of Students who have entered their names for the purpose, have attended Lectures on Midwifery and a course of Practical Obstetrics, and have passed the "Second Conjoint," or an equivalent Examination. Each Clerk holds office for three weeks, and Special Certificates are awarded to those Gentlemen who have satisfactorily attended Sixty Maternity cases. About 50 Obstetric Clerks are appointed yearly.

ASSISTANTS TO THE TEACHERS OF PRACTICAL AND MANIPULATIVE SURGERY are appointed for the Winter and Summer Sessions.

ASSISTANTS TO THE LECTURER ON MATERIA MEDICA are appointed for the Summer Session.

Students are appointed to act as ASSISTANTS to the DEMONSTRATORS OF MORBID HISTOLOGY and of MORBID ANATOMY.

ASSISTANTS IN THE PHYSIOLOGICAL LABORATORY are selected from Students who have completed their Second Winter Session.

ANATOMICAL REGISTRARS and PROSECTORS are appointed in the early part of the Winter Session, also ASSISTANTS TO THE TEACHER OF ELEMENTARY BIOLOGY.

### REGULATIONS FOR THE EXAMINATION AND CLASSIFICATION OF THE STUDENTS AT THE MEDICAL SCHOOL.

1. In accordance with the Regulations of the Qualifying Bodies, Students must attend the Class Examinations in the subjects for which they have to be certified, and show by their answers to the questions that they have paid proper attention to the Lectures, otherwise the signature to their Schedules may be withheld.

2. There shall be held at least two Examinations in each Winter and one in each Summer Session in each subject on which attendance is required during that Session, and the marks obtained in these Examinations shall be the basis for the Classification of Students and the Award of Prizes for each Session respectively. Provided that any extra Examination in the course of the Session, in any subject, be not allowed to interfere with the ordinary Lectures in other subjects.

3. The number of marks allotted to each subject in the following Schedule is not to be exceeded in case the number of Examinations held during the Session be more than two, but must be distributed amongst the several Examinations.

#### 1st YEAR'S SUBJECTS.

|            |                             |      |
|------------|-----------------------------|------|
| WINTER ... | Anatomy ... ..              | 500  |
|            | Practical Anatomy ... ..    | 300  |
|            | Physiology ... ..           | 300  |
|            | Elementary Biology ... ..   | 300  |
|            | Chemistry and Practical     |      |
|            | Chemistry ... ..            | 600  |
|            | Total ... ..                | 2000 |
| SUMMER ... | Chemistry and Practical     |      |
|            | Chemistry ... ..            | 300  |
|            | Practical Pharmacy ... ..   | 200  |
|            | Practical Physiology ... .. | 300  |
|            | Total ... ..                | 800  |

#### 2nd YEAR'S SUBJECTS.

|            |                             |      |
|------------|-----------------------------|------|
| WINTER ... | Anatomy ... ..              | 500  |
|            | Practical Anatomy ... ..    | 300  |
|            | Physiology ... ..           | 600  |
|            | Practical Physiology ... .. | 100  |
|            | Total ... ..                | 1500 |
| SUMMER ... | Midwifery ... ..            | 500  |
|            | Practical Surgery ... ..    | 200  |
|            | Total ... ..                | 700  |

#### 3rd YEAR'S SUBJECTS.

|            |                          |      |
|------------|--------------------------|------|
| WINTER ... | Medicine ... ..          | 650  |
|            | Surgery ... ..           | 650  |
|            | Practical Surgery ... .. | 300  |
|            | Total ... ..             | 1600 |

|            |                             |     |
|------------|-----------------------------|-----|
| SUMMER ... | Forensic Medicine ... ..    | 250 |
|            | Pathological Anatomy ... .. | 350 |
|            | Mental Diseases and         |     |
|            | Public Health ... ..        | 200 |
|            | Total ... ..                | 800 |

4. Students must obtain at least one-third of the total number of marks in each subject, and not less than two-thirds of the total number allotted to all the subjects collectively, to be placed in the 1st Class.

Those who have obtained one-third of the total number of marks allotted to all the subjects collectively are placed in the 2nd Class.

The names of those who do not obtain either a 1st or 2nd Class position are not published, but a General List showing the exact position of each Student at every Examination is kept by the Secretary, from whom any Student can learn his own position, but no Lecturer shall make known to Students the number of marks obtained by any Student in any subject.

5. The Prizes shall be awarded to the Students holding the 1st, 2nd, and 3rd positions in the 1st Class of each Winter Session, and to those holding the 1st and 2nd positions of the 1st Class in each Summer Session.

6. The number of marks allotted to the Examinations for the MEAD and CHESELDEN Medals shall be 600 each.

7. In awarding the TREASURER'S Medal the number of marks obtained at the Sessional Examinations and in the MEAD and CHESELDEN Examinations shall be counted, provided that, as regards the Examination for the Medals, two-thirds of the maximum marks be obtained, but those obtained in the Entrance Scholarship Competition shall not be included.

8. The Authorities reserve the right of withholding any prize, if no competitor of sufficient merit present himself.

## Distribution of Prizes for the Past Sessions.

### SUMMER SESSION, 1893.

#### FIRST YEAR'S STUDENTS.

|                                          |     |     |     |     |     |                                                     |
|------------------------------------------|-----|-----|-----|-----|-----|-----------------------------------------------------|
| A. W. SIKES, <i>Garrycloyne, Blarney</i> | ... | ... | ... | ... | ... | { College Prize, £15,<br>and Certificate of Honour. |
| J. P. SCATCHARD, <i>Boston Spa</i>       | ... | ... | ... | ... | ... | { College Prize, £10,<br>and Certificate of Honour. |
| A. OSBORNE, <i>Bath</i>                  | ... | ... | ... | ... | ... | Certificate of Honour.                              |
| H. J. MARRIAGE, <i>Aldgate</i>           | ... | ... | ... | ... | ... | Certificate of Honour.                              |

#### SECOND YEAR'S STUDENTS.

|                                       |       |     |     |     |     |                                                     |
|---------------------------------------|-------|-----|-----|-----|-----|-----------------------------------------------------|
| J. C. HARCOURT, <i>South Woodford</i> | } Æq. | ... | ... | ... | ... | { College Prize, £15,<br>and Certificate of Honour. |
| M. TAKAYASU, <i>Japan</i>             |       |     |     |     |     |                                                     |

#### THIRD YEAR'S STUDENTS.

|                                         |     |     |     |     |     |                                                     |
|-----------------------------------------|-----|-----|-----|-----|-----|-----------------------------------------------------|
| G. G. GENGE, <i>Croydon</i>             | ... | ... | ... | ... | ... | { College Prize, £15,<br>and Certificate of Honour. |
| W. E. F. TINLEY, <i>Whitby</i>          | ... | ... | ... | ... | ... | { College Prize, £10,<br>and Certificate of Honour. |
| E. L. PERRY, <i>St. George's Square</i> | ... | ... | ... | ... | ... | Certificate of Honour.                              |

## WINTER SESSION, 1893-4.

## ENTRANCE SCIENCE SCHOLARSHIPS.

|                                     |     |     |                                                    |
|-------------------------------------|-----|-----|----------------------------------------------------|
| R. W. C. PIERCE, <i>Llandudno</i>   | ... | ... | { First Scholarship,<br>and Certificate of Honour. |
| H. E. HEWITT, <i>Sutton, Surrey</i> | ... | ... | { Scholarship, £60,<br>and Certificate of Honour.  |

## FIRST YEAR'S STUDENTS.

|                                         |     |     |                                                                        |
|-----------------------------------------|-----|-----|------------------------------------------------------------------------|
| H. E. HEWITT, <i>Sutton, Surrey</i>     | ... | ... | { The Wm. Tite Scholarship,<br>£27 10s.,<br>and Certificate of Honour. |
| R. W. C. PIERCE, <i>Llandudno</i>       | ... | ... | { College Prize, £20,<br>and Certificate of Honour.                    |
| H. D. SINGER, <i>Stoke Newington</i>    | ... | ... | { College Prize, £10,<br>and Certificate of Honour.                    |
| H. H. SCOTT, <i>Sydenham</i>            | ... | ... | Certificate of Honour.                                                 |
| T. HOBAN, <i>Upper Gloucester Place</i> | ... | ... | Certificate of Honour.                                                 |

## SECOND YEAR'S STUDENTS.

|                                          |     |     |                                                                       |
|------------------------------------------|-----|-----|-----------------------------------------------------------------------|
| A. W. SIKES, <i>Garrycloyne, Blarney</i> | ... | ... | { The Peacock Scholarship,<br>£38 10s.,<br>and Certificate of Honour. |
| J. P. SCATCHARD, <i>Boston Spa...</i>    | ... | ... | { College Prize, £20,<br>and Certificate of Honour.                   |
| H. J. MARRIAGE, <i>Aldgate</i>           | ... | ... | { College Prize, £10,<br>and Certificate of Honour.                   |
| A. C. ROBINSON, <i>Northampton</i>       | ... | ... | Certificate of Honour.                                                |
| A. OSBORNE, <i>Bath</i>                  | ... | ... | Certificate of Honour.                                                |
| S. N. BABINGTON, <i>Reading</i>          | ... | ... | Certificate of Honour.                                                |

## THIRD YEAR'S STUDENTS.

|                                      |     |     |                                                     |
|--------------------------------------|-----|-----|-----------------------------------------------------|
| P. S. HICHENS, <i>Canterbury</i>     | ... | ... | { College Prize, £20,<br>and Certificate of Honour. |
| A. J. MARTINEAU, <i>Lupus Street</i> | ... | ... | { College Prize, £15,<br>and Certificate of Honour. |
| M. TAKAYASU, <i>Japan</i>            | ... | ... | { 2nd Tenure of Musgrove<br>Scholarship.            |

## PRACTICAL MEDICINE.

|                                |     |     |                                                            |
|--------------------------------|-----|-----|------------------------------------------------------------|
| G. G. GENGE, <i>Croydon...</i> | ... | ... | { The Mead Medal, founded by<br>Mr. and Mrs. NEWMAN SMITH. |
|--------------------------------|-----|-----|------------------------------------------------------------|

## SURGERY AND SURGICAL ANATOMY.

|                                      |     |     |                                                                       |
|--------------------------------------|-----|-----|-----------------------------------------------------------------------|
| E. O. THURSTON, <i>Panton Street</i> | ... | ... | { The Cheselden Medal,<br>founded by the late GEORGE<br>VAUGHAN, Esq. |
| W. E. F. TINLEY, <i>Whitby</i>       | ... | ... | Certificate of Honour.                                                |

## GRAINGER TESTIMONIAL PRIZE.

|                                          |     |             |
|------------------------------------------|-----|-------------|
| A. S. F. GRÜNBAUM, <i>Ladbroke Grove</i> | ... | Prize, £15. |
|------------------------------------------|-----|-------------|

## SOLLY MEDAL AND PRIZE.

|                                       |     |                       |
|---------------------------------------|-----|-----------------------|
| M. A. TEALE, <i>Headingley, Leeds</i> | ... | Medal and Prize, £20. |
|---------------------------------------|-----|-----------------------|

## FOR GENERAL PROFICIENCY AND GOOD CONDUCT.

|                             |     |                             |
|-----------------------------|-----|-----------------------------|
| G. G. GENGE, <i>Croydon</i> | ... | The Treasurer's Gold Medal. |
|-----------------------------|-----|-----------------------------|



**CERTIFICATES OF HONOUR.****ANATOMICAL REGISTRARS.**

|             |  |                 |
|-------------|--|-----------------|
| M. TAKAYASU |  | A. J. MARTINEAU |
|-------------|--|-----------------|

**PROSECTORS.**

|                |  |                 |
|----------------|--|-----------------|
| W. J. FANNING  |  | J. P. SCATCHARD |
| L. GILBERT     |  | C. G. SELIGMANN |
| H. J. MARRIAGE |  | A. W. SIKES     |

**ASSISTANTS IN THE PHYSIOLOGICAL LABORATORY.**

|               |  |                |
|---------------|--|----------------|
| C. E. DURRANT |  | F. B. THORNTON |
| H. C. HASLAM  |  | F. WHITE       |
| E. H. T. NASH |  |                |

**PATHOLOGICAL ASSISTANTS.**

|                   |  |                 |
|-------------------|--|-----------------|
| A. L. HOME        |  | E. O. THURSTON  |
| W. H. J. PATERSON |  | W. E. F. TINLEY |

**HOUSE PHYSICIANS.**

|                |  |               |
|----------------|--|---------------|
|                |  | Non-Resident. |
| T. W. HICKS    |  | P. NORTHCOTE  |
| G. W. THOMPSON |  | G. W. H. BIRD |
| A. E. RUSSELL  |  | F. PERSHOUSE  |
| W. J. C. MERRY |  | C. W. WINDSOR |

**HOUSE SURGEONS.**

|               |  |                     |
|---------------|--|---------------------|
| C. S. WALLACE |  | S. W. F. RICHARDSON |
| E. SMITH      |  | E. M. HAINWORTH     |
| W. REDPATH    |  | A. R. O. MILTON     |
| C. PLANCK     |  | G. W. THOMPSON      |

**ASSISTANT HOUSE SURGEONS.**

|                 |  |                     |
|-----------------|--|---------------------|
| W. REDPATH      |  | S. W. F. RICHARDSON |
| C. PLANCK       |  | R. W. ORD           |
| E. M. HAINWORTH |  | J. W. HEWETT        |
| A. R. O. MILTON |  | H. A. DICKSON       |

**OBSTETRIC HOUSE PHYSICIANS.**

|               |  |              |
|---------------|--|--------------|
| Senior        |  | Junior       |
| W. A. BOWRING |  | J. H. FISHER |
| J. H. FISHER  |  | R. F. CHANCE |
| R. F. CHANCE  |  | T. W. HICKS  |
| T. W. HICKS   |  | C. S. JAFFE  |

**OPHTHALMIC HOUSE SURGEONS.**

|              |  |              |
|--------------|--|--------------|
| J. F. RUDALL |  | J. H. FISHER |
|--------------|--|--------------|

**CLINICAL ASSISTANTS IN THE SPECIAL DEPARTMENTS.**

|              |  |               |  |             |
|--------------|--|---------------|--|-------------|
| Throat       |  | Skin          |  | Ear         |
| C. S. JAFFE  |  | F. PERSHOUSE  |  | H. M. MOORE |
| W. P. PURVIS |  | W. B. WINSTON |  | C. W. COOKE |
| G. J. ARNOLD |  |               |  |             |

The following Distinctions in the University of London have been obtained by Students of St. Thomas's Hospital during the past year :—

**HONOURS EXAMINATIONS—UNIV. LOND.**

Gold Medal in Surgery (B.S.), First Class in Medicine, Second Class in Obstetric Medicine and in Forensic Medicine (M.B.), Mr. C. S. JAFFE.

First Class in Obstetric Medicine and Third Class in Medicine (M.B.), Mr. W. L. WAINWRIGHT.

Third Class in Anatomy (Intermed. M.B.), Mr. E. O. THURSTON.

Second Class in Botany (B.Sc.), Mr. A. W. SIKES.



## FEES FOR ATTENDANCE ON THE LECTURES

AND ON THE

## PRACTICE OF THE HOSPITAL.

## COMPOSITION FEES.

The Composition Fee\* to Hospital Practice and Lectures may be paid in the following ways :

- 1st. One Hundred and Fifty Pounds on entrance in one sum ;
- 2nd. One Hundred and Fifty-seven Pounds Ten Shillings in instalments ;
  - (a) By two payments, £85 on entrance, and £72 10s. at the beginning of the second year ;
  - (b) By three payments, £75 at the beginning of the first year, £50 at the beginning of the second year, and £32 10s. at the beginning of the third year ;
  - (c) By four payments, £65 at the beginning of the first year, £50 at the beginning of the second year, £30 at the beginning of the third year, and £12 10s. at the beginning of the fourth year.

Gentlemen entering at St. Thomas's for Lectures and Hospital Practice of the second and subsequent years pay £130 on entrance, or three instalments of £52 10s., £42, and £42 (see pages 18 and 19). Students entering for Lectures and Hospital Practice of third and subsequent years (see page 19) pay a composition fee of £80, or £52 10s. on entrance, and £31 10s. one year subsequently.

The Fee for attendance on the *general* subjects required of Students in Dental Surgery, is for the two years, £65, or by instalments, £55 for the first year, and £15 for the second year. If certificates for *Dental* practice are also required, the special fee for that subject (page 37) has to be paid.

[N.B.—It should be understood that although the Composition Fees are intended to cover unlimited attendance on Lectures and Hospital Practice, yet if a student fail to pass the several professional examinations within periods deemed reasonable by the School authorities, he may be required to pay additional fees for attendance at practical Courses and Tutorial Classes, or his rights as a Student may be suspended or determined at any time by the School Committee, with the approval of the Treasurer.]

Legally qualified Medical Practitioners are admitted to the Hospital practice, and to the Lectures and Library, on payment of a fee of £15 15s. for unlimited attendance ; but are not entitled to receive certificates for such attendance without payment for the special certificates required (see p. 37).

\* Students who have commenced the study of the Profession otherwise than by attendance at a Medical School, will be considered to be first year's Students, on joining the Medical School, but a deduction from the Composition Fee will be allowed in such cases.

NOTE.—Cheques may be made payable to the Medical Secretary, and crossed "London and County Bank, Lambeth."

The [Courses may be attended separately on the following terms, which entitle to Certificates for such Attendances.

*For the Medical and Surgical Practice, including Clinical Lectures and the Special Departments.*

|                     |         |                     |          |
|---------------------|---------|---------------------|----------|
| Three months ... .. | £21.    | Twelve months... .. | £36 15s. |
| Six months ... ..   | £26 5s. | Unlimited ... ..    | £73 10s. |

The Practice of the Medical or Surgical Wards, or any one of the Special Departments, may be attended separately.

|                      | <i>Medical or Surgical.</i> | <i>Each Special Department.</i> |
|----------------------|-----------------------------|---------------------------------|
| Three months ... ..  | £15 15s.                    | £5 5s.                          |
| Six months ... ..    | £21.                        | £10 10s.                        |
| Twelve months ... .. | £26 5s.                     | £15 15s.                        |

*Lectures and Demonstrations.*

|                                                                                     |      |          |
|-------------------------------------------------------------------------------------|------|----------|
| Anatomy, Physiology ... ..                                                          | each | £10 10s. |
| Practical Anatomy (twelve months), Practical Physiology, including Histology ... .. | each | £10 10s. |
| Medicine, Surgery, Chemistry ... ..                                                 | "    | £7 7s.   |
| Midwifery ... ..                                                                    | "    | £6 6s.   |
| Pharmacology and Therapeutics, Physics, Forensic Medicine each ... ..               | "    | £5 5s.   |
| Pathology, including Pathological Histology ... ..                                  | "    | £8 8s.   |
| Diseases of Women, Public Health, Insanity, Diseases of the Eye ... ..              | each | £3 3s.   |
| Practical Medicine, Practical Obstetrics, Laryngology ... ..                        | "    | £3 3s.   |
| Practical Surgery, Practical Chemistry, Elementary Biology ... ..                   | "    | £6 6s.   |
| Demonstrations in Post-Mortem room (twelve months) ... ..                           | "    | £10 10s. |

NOTE.—A small charge for materials is made for all Practical Courses taken separately.

**SPECIAL COURSES (not included in the Composition Fee) and EXTRA EXPENSES.**

|                                                                         |             |
|-------------------------------------------------------------------------|-------------|
| Comparative Anatomy ... ..                                              | £2 2s.      |
| Botany ... ..                                                           | £3 3s.      |
| Operative Surgery ... ..                                                | £5 5s.      |
| Ditto of Eye ... ..                                                     | £2 2s.      |
| Advanced Anatomy, Advanced Physiology ... ..                            | each £6 6s. |
| Public Health—Six months' Laboratory Instruction for the Diploma ... .. | £21.        |
| Ditto Short Course ... ..                                               | £6 6s.      |
| Vaccination ... ..                                                      | £1 1s.      |
| Practical Instruction in Pharmacy ... ..                                | £3 3s.      |
| Attendance at a Fever Hospital of the Metropolitan Asylums Board ... .. | £3 3s.      |

Students who pay a Composition Fee are now supplied with chemicals and materials for one course of Practical Chemistry, Practical Physiology, and Elementary Biology without extra charge, but there are certain instruments and materials required during the course of study, as follows, viz. :

Those attending Elementary Biology, Practical Physiology and Physiological Demonstrations must provide themselves with Microscopes.

Students Dissecting pay for the "parts" they dissect at fixed rates, which are notified in the Library.

Each Clinical Clerk must provide himself with a Stethoscope and Registering Clinical Thermometer. Each Dresser is required to have a Registering Clinical Thermometer, a Pocket Case of Instruments, and a Case of Silver or Plated Catheters.

# UNIVERSITY OF LONDON.

## Preliminary Scientific and Intermediate M.B. Classes.

### PRELIMINARY SCIENTIFIC EXAMINATION.

Special instruction in the subjects required for this Examination is given in the form of (a) Lectures and (b) Classes, from October to July.

|                        |                             | Mon.  | Tues. | Wed. | Thu.  | Fri.  | Sat.                  |
|------------------------|-----------------------------|-------|-------|------|-------|-------|-----------------------|
| Botany.                | { Lectures (Summer)         | —     | 10.0  | 10.0 | —     | —     | —                     |
| A. W. BENNETT, M.A.    | { Classes (Winter & Summer) | —     | —     | 11.0 | —     | —     | —                     |
| Chemistry.             | { Lectures (Winter)         | 11.30 | —     | —    | —     | 10.30 | —                     |
| W. R. DUNSTAN, M.A.,   | { Practical (Winter)        | —     | 2.30  | —    | —     | —     | —                     |
| F.R.S.                 | { „ (Summer)                |       |       |      |       |       |                       |
|                        |                             |       |       |      |       |       | Laboratory open daily |
| Physics.               |                             |       |       |      |       |       |                       |
| W. R. DUNSTAN, M.A.,   | { Lectures } Winter         | —     | —     | 9.30 | —     | —     | 10.30                 |
| F.R.S., and            | { and }                     |       |       |      |       |       |                       |
| W. H. INCE, Ph.D.      | { Practical Work } Summer   | —     | —     | 9.0  | 9.0   | —     | —                     |
| Zoology.               | { Classes (Winter)          | —     | —     | 1.30 | —     | —     | —                     |
| F.G. PARSONS, F.R.C.S. | { „ (Summer)                | 9.30  | —     | —    | 10.30 | —     | —                     |
|                        |                             |       |       |      |       |       | Laboratory open daily |

N.B.—A Microscope and simple Dissecting Apparatus must be provided by each Member of the Class, and Two Guineas are charged for materials.

Fee, inclusive of Practical Chemistry ... .. *Sixteen Guineas.*

Fee for any single subject ... .. *Five Guineas.*

Subsequent Courses, half Fee, if recommended by the respective Teachers.

In the Practical Classes of Botany and Zoology, each Student has the opportunity of dissecting the chief types.

### INTERMEDIATE EXAMINATION IN MEDICINE.

|                        |                | Mon. | Tues. | Wed.  | Thurs.                      | Fri. | Sat.      |
|------------------------|----------------|------|-------|-------|-----------------------------|------|-----------|
| Anatomy.               | { Jan. to Mar. | —    | 9.30  | —     | 9.30                        | —    | —         |
| W. ANDERSON and        | { May to July  | 10.0 | 10.0  | 10.0  | —                           | 10.0 | —         |
| G. H. MAKINS           |                |      |       |       |                             |      | Practical |
| Physiology & Histology | { Jan. to Mar. | —    | —     | 11.30 | 3.0                         | —    | 9—11      |
| C. S. SHERRINGTON,     | { May to July  | 11.0 | —     | 11.0  | —                           | 11.0 | —         |
| M.A., M.D., F.R.S.     |                |      |       |       |                             |      |           |
| Organic Chemistry.     | { Oct. to Mar. | —    | —     | —     | 2.0                         | 2.0  | —         |
| W. R. DUNSTAN,         | { May to July  | 2.0  | 2.30  | —     | 3—4.30<br>Practical<br>work | —    | —         |
| M.A., F.R.S.           |                |      |       |       | 2.0                         |      |           |
| Materia Medica and     | { May to July  | —    | —     | 2.0   | Practical<br>work at 3      | —    | —         |
| Pharm. Chemistry.      |                |      |       |       |                             |      |           |
| E. WHITE, B.Sc.        |                |      |       |       |                             |      |           |

Fee to Students of the Hospital, inclusive of

Organic Analysis and Chemicals\* ... .. *Nine Guineas.*

To others ditto ... .. *Twelve Guineas.*

Fee for any Single Subject ... .. *Three Guineas.*

Subsequent Courses, half Fee, if recommended by the respective Teachers (except Chemicals, for which full fee is charged).

\* Instruction and Practice in Organic Analysis is essential for this Examination.

NOTE.—Private Classes are held for the Final M.B. Examination.

# St. Thomas's Hospital.

## MEDICAL AND PHYSICAL SOCIETY.

*President, 1894—95.*

DR. MACKENZIE.

*Vice-Presidents.*

MR. ANDERSON.  
MR. BALLANCE.  
DR. CULLINGWORTH.  
DR. HAWKINS.

MR. LAWFORD.  
MR. MACKELLAR.  
DR. ORD.

MR. ROBINSON.  
MR. SHATTOCK.  
DR. SHERRINGTON.

*Treasurer.*—MR. G. S. SAUNDERS.

*Hon. Secretaries.*

MR. R. FOX SYMONS.

MR. M. A. TEALE.

*Committee.*

MR. R. FOX SYMONS.  
MR. M. A. TEALE.  
MR. E. A. SAUNDERS.  
MR. T. G. NICHOLSON.

MR. P. L. BLABER.  
MR. A. L. HOME.  
MR. A. W. TUKE.

MR. R. S. RANSOME.  
MR. J. P. SCATCHARD.  
MR. C. G. SELIGMANN.

This Society was originated in the early part of the present century by students of the Hospital, and has for its object the reading and discussion of papers on Medicine, Surgery, and subjects of General Interest, the narration of cases, and the exhibition of specimens of Physiological and Pathological interest. The Meetings are held in the Library on alternate Thursdays at 8.30 p.m., and terminate not later than 10 p.m.

Further information can be obtained of the Hon. Secretaries.

## ST. THOMAS'S HOSPITAL REPORTS.

VOL. XXIII., NEW SERIES,

EDITED BY

T. D. ACLAND, M.A., M.D. OXON, and

B. PITTS, M.A., M.C. CANTAB.

*Will be Published in due Course.*

It will contain contributions from Members of the Staff and others, together with the Statistical Reports of the Hospital, by the Medical and Surgical Registrars, to December 31st, 1894.

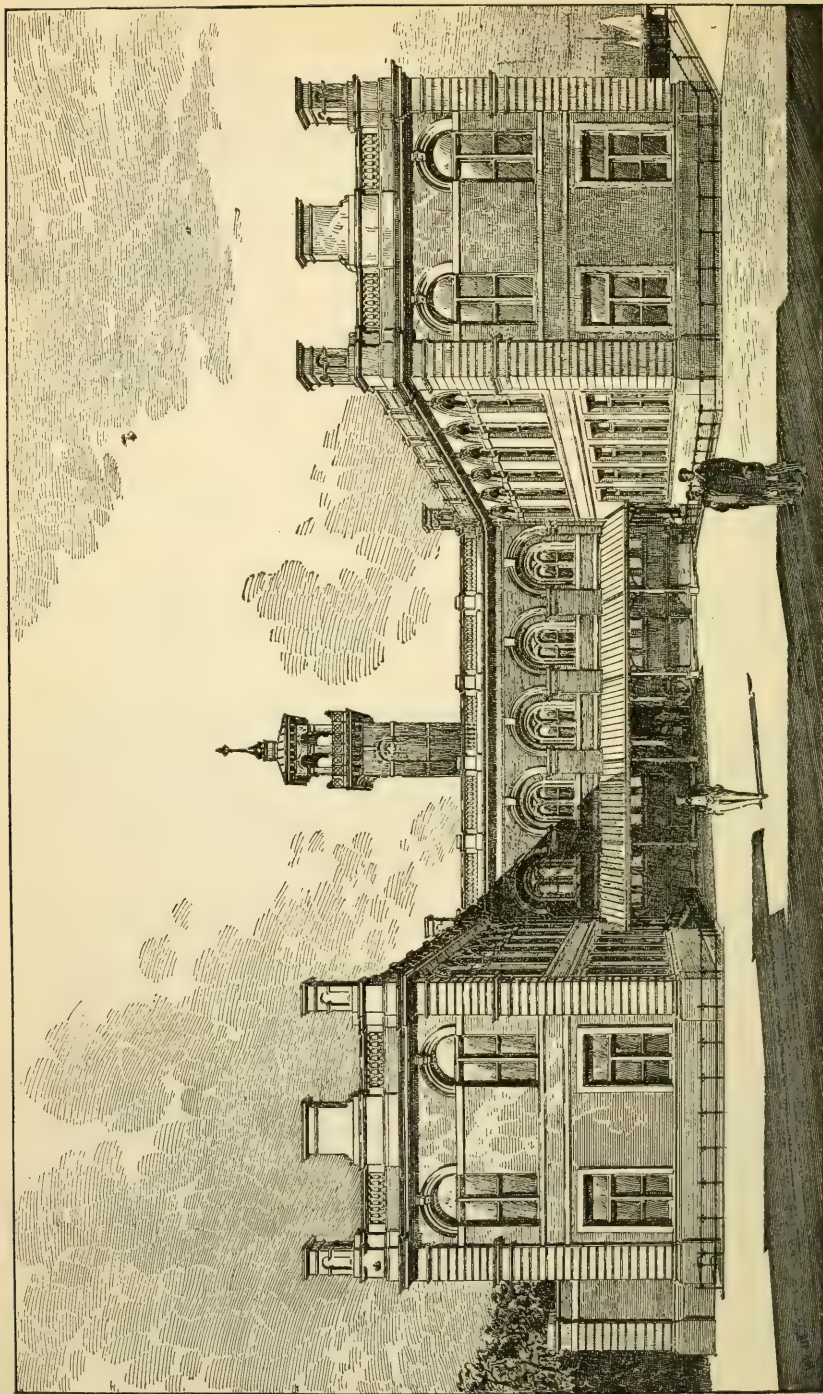
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MEDICAL SCHOOL, WITH RECENT ADDITIONS, NORTH VIEW.



# SEPTEMBER, 1894.

1	S	
2	S	Fifteenth Sunday after Trinity.
3	M	
4	TU	House Officers, &c., commence duty.
5	W	Last day for applications for Clinical Clerkships and
6	TH	[Dresserships.
7	F	
8	S	
9	S	Sixteenth Sunday after Trinity.
10	M	
11	TU	
12	W	
13	TH	
14	F	
15	S	
16	S	Seventeenth Sunday after Trinity.
17	M	Last day for Entry for B.Sc. Exam., Univ. Lond.
18	TU	
19	W	Meeting to appoint Clinical Clerks and Dressers.
20	TH	
21	F	St. Matthew.
22	S	
23	S	Eighteenth Sunday after Trinity.
24	M	
25	TU	
26	W	
27	TH	
28	F	
29	S	Michaelmas Day. Last day for Essay for Grainger Prize.
30	S	Nineteenth Sunday after Trinity.

*Preliminary Examination in Arts of the Society of Apothecaries held this month.  
The Hospital Entrance Scholarships Examination takes place during the last week  
of this month.*

# OCTOBER, 1894.

1	M	Last day for Entry Univ. Lond. M.B. Exam. Distribution [of Prizes, 4 P.M. Annual Dinner.
2	TU	Clinical Clerks and Dressers commence duty.
3	W	
4	TH	
5	F	Meeting of Library Committee.
6	S	
7	S	Twentieth Sunday after Trinity.
8	M	
9	TU	
10	W	
11	TH	
12	F	
13	S	
14	S	Twenty-first Sunday after Trinity.
15	M	Univ. Lond. B.Sc. Exam.
16	TU	
17	W	
18	TH	St. Luke.
19	F	
20	S	
21	S	Twenty-second Sunday after Trinity.
22	M	
23	TU	
24	W	
25	TH	
26	F	
27	S	
28	S	Twenty-third Sunday after Trinity. St. Simon and St. Jude.
29	M	Univ. Lond. M.B. Exam.
30	TU	
31	W	

*The Registration and Museum Committees meet during this month.*

*The Primary Examination of the Society of Apothecaries is held Quarterly, in the months of October, January, April, and July. The Final is held monthly; the Surgical part commences on the second Wednesday, and the Medical on the Monday following.*

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

# NOVEMBER, 1894.

1	TH	All Saints.
2	F	<i>Notice</i> —30th, last day for applications for Medical and [Surgical Registrarships.]
3	S	
4	S	Twenty-fourth Sunday after Trinity.
5	M	Entry for M.D. and M.S. Exams. Univ. Lond.
6	TU	
7	W	Last day for applications for House Offices, &c.*
8	TH	
9	F	Prince of Wales born, 1841.
10	S	
11	S	Twenty-fifth Sunday after Trinity.
12	M	
13	TU	
14	W	Meeting to appoint House Officers, &c.
15	TH	
16	F	
17	S	Univ. Lond. B.Sc. Pass List published.
18	S	Twenty-sixth Sunday after Trinity.
19	M	
20	TU	Univ. Lond. M.B. Pass List published. Last day for [Entry for B.S. Exam., Univ. Lond.]
21	W	Univ. Lond. M.B. Honours Exam.
22	TH	
23	F	
24	S	
25	S	Twenty-seventh Sunday after Trinity.
26	M	
27	TU	
28	W	
29	TH	
30	F	St. Andrew. Last day for applications for Medical and [Surgical Registrarships.]

*Examinations for the Fellowship of the Royal College of Surgeons of England held this month.*

\* *Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity Cases attended.*

# DECEMBER, 1894.

1	S	
2	S	Advent Sunday.
3	M	Univ. Lond. M.D. and M.S. Exam. [mence duty.
4	Tu	Univ. Lond. B.S. Exam. House Officers, &c., com-
5	W	Last day for applications for Clinical Clerkships and
6	Th	[Dresserships.
7	F	
8	S	
9	S	Second Sunday in Advent.
10	M	
11	Tu	
12	W	Meeting to appoint Clinical Clerks and Dressers.
13	Th	
14	F	
15	S	
16	S	Third Sunday in Advent.
17	M	Last day for Entry for Matriculation Univ. Lond.
18	Tu	
19	W	Univ. Lond. M.D. List published.
20	Th	
21	F	St. Thomas.
22	S	
23	S	Fourth Sunday in Advent.
24	M	Last day for Entry for Prel. Sci. and Int. Med. Exam. Univ.
25	Tu	CHRISTMAS DAY. [Lond.
26	W	Saint Stephen.
27	Th	Saint John, Evang.
28	F	Holy Innocents.
29	S	
30	S	First Sunday after Christmas.
31	M	

*University of Cambridge First, Second, and Third M.B. Examinations are held this month.*

*Preliminary Examination in Arts of the Society of Apothecaries held this month.*

*Examinations for Diploma in Public Health of the Royal Colleges of Physicians and Surgeons held this month.*

# JANUARY, 1895.

1	Tu	Circumcision. Clinical Clerks and Dressers commence duty.
2	W	
3	Th	
4	F	Meeting of Library Committee.
5	S	
6	S	Epiphany.
7	M	
8	Tu	
9	W	
10	Th	
11	F	
12	S	
13	S	First Sunday after Epiphany.
14	M	Univ. Lond. Matriculation Examination.
15	Tu	
16	W	
17	Th	
18	F	
19	S	
20	S	Second Sunday after Epiphany.
21	M	Univ. Lond. Prelim. Scientific (M.B.) Exam. and Intermd.
22	Tu	[Exam. in Medicine.
23	W	
24	Th	
25	F	Conversion of St. Paul.
26	S	
27	S	Third Sunday after Epiphany.
28	M	
29	Tu	
30	W	
31	Th	

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

*The Registration and Museum Committees meet during this month.*



# FEBRUARY, 1895.

1	F	
2	S	
3	S	Fourth Sunday after Epiphany.
4	M	
5	Tu	
6	W	Last day for applications for House Offices, &c.*
7	Th	
8	F	
9	S	
10	S	Septuagesima Sunday. Queen Victoria married, 1840.
11	M	
12	Tu	
13	W	Univ. Lond. Prel. Sci. (M. B.) List published. Meeting to
14	Th	[appoint House Officers, &c.
15	F	
16	S	
17	S	Sexagesima Sunday.
18	M	
19	Tu	Univ. Lond. Int. Med. Pass List published.
20	W	Univ. Lond. Matric. List published.
21	Th	
22	F	
23	S	
24	S	Quinquagesima Sunday. St. Matthias.
25	M	
26	Tu	
27	W	Ash Wednesday.
28	Th	

\* Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity cases attended.

# MARCH, 1895.

1	F	
2	S	
3	S	First Sunday in Lent.
4	M	
5	TU	House Officers, &c., commence duty.
6	W	Last day for applications for Clinical Clerkships and
7	TH	[Dresserships.
8	F	
9	S	
10	S	Second Sunday in Lent. Prince of Wales married, 1863.
11	M	
12	TU	
13	W	Meeting to appoint Clinical Clerks and Dressers.
14	TH	
15	F	
16	S	
17	S	Third Sunday in Lent.
18	M	
19	TU	
20	W	
21	TH	
22	F	
23	S	
24	S	Fourth Sunday in Lent.
25	M	Annunciation. LADY DAY.
26	TU	
27	W	
28	TH	
29	F	
30	S	Registrar's Report for last year due. Last day for Reports [for Solly Medal.
31	S	Fifth Sunday in Lent.

*Preliminary Examination in Arts of the Society of Apothecaries held this month.*

# APRIL, 1895.

1	M	
2	TU	Clinical Clerks and Dressers commence duty.
3	W	
4	TH	
5	F	Meeting of Library Committee.
6	S	
7	S	Palm Sunday.
8	M	Last day for Entry for M.B. Exam. Univ. Lond.
9	TU	
10	W	
11	TH	
12	F	Good Friday.
13	S	
14	S	Easter Sunday.
15	M	Bank Holiday.
16	TU	
17	W	
18	TH	
19	F	
20	S	
21	S	First Sunday after Easter. Low Sunday.
22	M	
23	TU	
24	W	
25	TH	St. Mark.
26	F	
27	S	
28	S	Second Sunday after Easter.
29	M	
30	TU	

*Univ. Camb. Third M.B. and First, Second, and Third Examinations of the Examining Board in England are held this month.*

*The Examinations for the Mead and Cheselden Medals take place this month.*

*The Annual Inspection of the Museum and meeting of Museum Committee take place during this month.*

*The Registration Committee meets during this month.*

# MAY, 1895.

1	W	St. Philip and St. James. Summer Session commences. Last
2	Th	[day for applications for House Offices, &c.*
3	F	
4	S	
5	S	Third Sunday after Easter.
6	M	Univ. Lond. M.B. Exam.
7	Tu	
8	W	Meeting to appoint House Officers, &c.
9	Th	
10	F	
11	S	First Stone of St. Thomas's New Hospital laid by H.M. [the Queen, 1868.
12	S	Fourth Sunday after Easter.
13	M	Last day for Entry for Matric. Univ. Lond.
14	Tu	
15	W	
16	Th	
17	F	
18	S	
19	S	Fifth Sunday after Easter. Rogation Sunday.
20	M	
21	Tu	
22	W	
23	Th	Ascension Day. Holy Thursday.
24	F	Queen Victoria born, 1819.
25	S	
26	S	Sunday after Ascension Day.
27	M	
28	Tu	Univ. Lond. M.B. Pass List published.
29	W	
30	Th	
31	F	

*Examinations for the Fellowship of the Royal College of Surgeons of England held this month.*

*\* Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity Cases attended.*

# JUNE, 1895.

1	S	
2	S	WHIT SUNDAY.
3	M	Bank Holiday. No Lectures.
4	TU	House Officers, &c., commence duty.
5	W	Last day for applications for Clinical Clerkships and
6	TH	[Dresserships.
7	F	
8	S	
9	S	TRINITY SUNDAY. New Buildings of Medical School
		[opened by H.R.H. the Duke of Connaught, K.G., 1894.
10	M	Univ. Lond. Matric. Exam. Last day for Entry for Int.
11	TU	St. Barnabas. [Med. Exam. Univ. Lond.
12	W	Meeting to appoint Clinical Clerks and Dressers.
13	TH	
14	F	
15	S	
16	S	First Sunday after Trinity.
17	M	Last day for Entry for Prel. Sci. (M.B.) Exam. Univ.
18	TU	[Lond.
19	W	
20	TH	Queen's Accession.
21	F	New St. Thomas's Hospital opened by H. M. the Queen,
22	S	[1871.
23	S	Second Sunday after Trinity.
24	M	St. John Baptist. Midsummer Day.
25	TU	
26	W	
27	TH	Queen Victoria crowned, 1838.
28	F	
29	S	St. Peter.
30	S	Third Sunday after Trinity.

*The Harveian Oration is delivered at the Royal College of Physicians annually in the month of June.*

*Doctor of Science Examination at London University takes place within the first 21 days of June.*

*Univ. Camb. First and Second M.B. Examinations are held within the first 14 days of June.*

*Preliminary Examination in Arts of the Society of Apothecaries held this month.*

*Examinations for Diploma in Public Health of the Royal Colleges of Physicians and Surgeons held this month.*

*Examination for the Beaney Scholarship held this month.*



# JULY, 1895.

1	M	
2	Tu	Clinical Clerks and Dressers commence duty.
3	W	Last day for applications for House Offices, &c., for
4	Th	[September.*
5	F	Meeting of Library Committee.
6	S	
7	S	Fourth Sunday after Trinity.
8	M	Univ. Lond. Int. Med. Exam.
9	Tu	
10	W	Meeting to appoint House Officers, &c., for September.
11	Th	
12	F	
13	S	
14	S	Fifth Sunday after Trinity.
15	M	Univ. Lond. Prelim. Scientific (M.B.) Exam.
16	Tu	
17	W	Univ. Lond. Matric. List published.
18	Th	
19	F	
20	S	
21	S	Sixth Sunday after Trinity.
22	M	
23	Tu	
24	W	
25	Th	St. James.
26	F	
27	S	
28	S	Seventh Sunday after Trinity.
29	M	
30	Tu	
31	W	

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

*The Registration and Museum Committees meet during this month.*

*\* Applications for these appointments to be made to the Medical Secretary, by letter, stating the Candidate's qualifications, the offices which he has previously held in the Hospital, and the number of Maternity Cases attended.*

# AUGUST, 1895.

1	TH	
2	F	
3	S	
4	S	Eighth Sunday after Trinity.
5	M	Bank Holiday.
6	TU	Univ. Lond. Int. Med. Pass List published.
7	W	Univ. Lond. Prelim. Sci. Pass List published.
8	TH	
9	F	
10	S	
11	S	Ninth Sunday after Trinity.
12	M	
13	TU	
14	W	
15	TH	
16	F	
17	S	
18	S	Tenth Sunday after Trinity.
19	M	
20	TU	
21	W	
22	TH	
23	F	
24	S	St. Bartholomew.
25	S	Eleventh Sunday after Trinity.
26	M	
27	TU	
28	W	
29	TH	
30	F	
31	S	

# SEPTEMBER, 1895.

1	S	Twelfth Sunday after Trinity.
2	M	
3	TU	House Officers, &c., commence duty.
4	W	Last day for applications for Clinical Clerkships and
5	TH	[Dresserships.
6	F	
7	S	
8	S	Thirteenth Sunday after Trinity.
9	M	
10	TU	
11	W	
12	TH	
13	F	
14	S	
15	S	Fourteenth Sunday after Trinity.
16	M	Last day for Entry for B.Sc. Exam., Univ. Lond.
17	TU	
18	W	Meeting to appoint Clinical Clerks and Dressers.
19	TH	
20	F	
21	S	St. Matthew.
22	S	Fifteenth Sunday after Trinity.
23	M	
24	TU	
25	W	
26	TH	
27	F	
28	S	
29	S	Sixteenth Sunday after Trinity. Michaelmas Day.
30	M	Last day for Essay for Grainger Prize.

*Preliminary Examination in Arts of the Society of Apothecaries held this month.  
The Hospital Entrance Scholarships Examination takes place during the last week of this month.*

# OCTOBER, 1895.

1	TU	Distribution of Prizes, 3 P.M. Annual Dinner. Clinical [Clerks and Dressers commence duty.
2	W	
3	TH	Meeting of Library Committee.
4	F	
5	S	
6	S	Seventeenth Sunday after Trinity.
7	M	
8	TU	
9	W	
10	TH	
11	F	
12	S	Eighteenth Sunday after Trinity. Univ. Lond. B.Sc. Exam.
13	S	
14	M	
15	TU	
16	W	
17	TH	
18	F	St. Luke.
19	S	
20	S	Nineteenth Sunday after Trinity.
21	M	
22	TU	
23	W	
24	TH	
25	F	
26	S	
27	S	
28	M	Twentieth Sunday after Trinity. Univ. Lond. M.B. Exam. St. Simon and St. Jude.
29	TU	
30	W	
31	TH	

*The Registration and Museum Committees meet during this month.*

*The Primary Examination of the Society of Apothecaries is held Quarterly, in the months of October, January, April, and July. The Final is held monthly; the Surgical part commences on the second Wednesday, and the Medical on the Monday following.*

*First, Second, and Third Examinations of the Examining Board in England are held this month.*

# HOLDERS OF APPOINTMENTS IN ST. THOMAS'S HOSPITAL SINCE 1871.

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## RESIDENT ASSISTANT PHYSICIANS.

1871. G. H. EVANS	1883. R. PERCY SMITH
1874. F. C. TURNER	1885. H. W. G. MACKENZIE
1876. S. J. SHARKEY	1888. H. P. HAWKINS
1880. G. GULLIVER	1891. H. G. TURNEY
1882. C. E. SHEPPARD	1894. S. G. TOLLER

## RESIDENT ASSISTANT SURGEONS.

1871. W. W. WAGSTAFFE	1886. W. H. BATTLE
1874. A. O. MACKELLAR	1888. H. B. ROBINSON
1876. H. H. CLUTTON	1891. E. C. STABB
1880. B. PITTS	1894. F. C. ABBOTT
1883. G. H. MAKINS	

## MEDICAL REGISTRARS.

1871. S. E. SOLLY	1879. W. B. HADDEN
1872. F. POLLARD	1880. G. GULLIVER
1873. W. S. GREENFIELD	1882. C. E. SHEPPARD
1875. H. W. VERDON	1883. W. B. HADDEN
1876. T. C. CHARLES	1888. H. W. G. MACKENZIE
1877. E. S. NORRIS	1893. S. G. TOLLER
1878. T. C. CHARLES	1894. C. R. BOX

## SURGICAL REGISTRARS.

1871. W. ANDERSON	1881. W. H. BATTLE
1872. C. E. SAUNDERS	1886. G. H. MAKINS
1873. C. CREIGHTON	1887. C. A. BALLANCE
1874. S. OSBORN	1888. E. SOLLY
1876. (H. H. CLUTTON	1891. E. C. STABB
C. H. NEWBY	1892. F. C. ABBOTT
1878. H. P. POTTER	1894. C. S. WALLACE

## OBSTETRIC REGISTRAR.

1893. W. W. H. TATE



## HOUSE PHYSICIANS.

1871-2.	E. COX S. OSBORN J. S. SLATER	1884-5.	G. D. JOHNSTON F. F. CAIGER H. B. ROBINSON H. W. G. MACKENZIE F. W. S. STONE } (Non- H. H. LANKESTER } res.)
1872-3.	B. ADDY A. H. LAVER L. WILLIAMS W. GARTON R. ZIMMERMAN	1885-6.	R. M. WILLIAMS J. M. CLARKE J. S. HUTTON E. D. RITCHIE T. GLOVER LYON } (Non- Y. SANEYOSHI } res.) F. M. HAIG }
1873-4.	E. WELCHMAN H. B. DONKIN T. HIGHTON C. M. TAYLOR H. S. BENNETT	1886-7.	F. D. CROWDY A. A. BROCKATT C. S. EVANS S. W. WHEATON A. E. GODFREY } (Non- A. J. H. MONTAGUE } res.)
1874-5.	A. S. L. NEWINGTON J. W. CLARKSON W. S. MAJOR A. LINGARD	1887-8.	H. P. HAWKINS H. J. MACEVOY W. W. ORD E. HOBHOUSE R. NAIRN H. J. SMYTH } (Non-res.) R. NAIRN } J. T. CALVERT }
1875-6.	C. H. NEWBY G. F. ROSSITER W. EDMUNDS H. P. POTTER S. W. J. JOSEPH	1888-9.	H. B. LUARD C. W. COOKE H. C. BRISTOWE H. G. TURNEY C. H. ECCLES } (Non- W. H. L. COPELAND } res.)
1876-7.	T. TWINING J. F. NICHOLSON J. R. LEESON W. H. PAGE.	1889-90.	T. P. COWEN F. C. ABBOTT F. E. FORWARD S. G. TOLLER M. H. SPENCER } (Non- L. COBBETT } res.)
1877-8.	J. A. M. MOULLIN G. H. MAKINS H. U. SMITH W. TYRRELL	1890-1.	W. W. STABB T. A. DUKES A. KING W. F. UMNEY G. H. WICKHAM } (Non- H. J. COOPER } res.) H. LOW } C. P. LOVELL }
1878-9.	W. H. BATTLE G. H. D. GIMLETTE C. E. SHEPPARD F. M. SANDWITH	1891-2.	C. R. BOX T. H. KELLOCK C. LATTER J. J. PERKINS C. WYMAN G. R. F. STILWELL } (Non- D. F. SHEARER } res.) W. P. PURVIS }
1879-80.	W. W. GROOME R. P. SMITH J. SHAW A. NEWSHOLME		
1880-1.	H. P. BUTLER G. S. HATTON H. R. HUTTON T. D. ACLAND		
1881-2.	T. D. SAVILL C. F. COXWELL A. B. CARPENTER S. W. SUTTON		
1882-3.	A. E. WELLS W. WANSBROUGH JONES C. W. HAIG-BROWN W. FELL L. W. BICKLE (Non-res.)		
1883-4.	A. FOXWELL H. M. N. MILTON C. D. GREEN W. HULL W. J. SHEPPARD } (Non- J. ORFORD } res.)		

HOUSE PHYSICIANS—*continued.*

1892-3.	W. A. BOWRING W. WATKINS-PITCHFORD C. S. JAFFÉ A. R. O. MILTON W. P. FOOKS A. DALZELL E. M. HAINWORTH M. R. P. DORMAN		1893-4.	T. W. HICKS G. W. THOMPSON A. E. RUSSELL W. J. C. MERRY P. NORTHCOTE G. W. H. BIRD F. PERSHOUSE C. W. WINDSOR	
		(Non-res.)			(Non-res.)

## HOUSE SURGEONS.

1871-2.	R. CORY H. WILLIAMS S. OSBORN T. H. BONSER		1881-2.	T. D. ACLAND F. W. MARLOW M. P. M. COLLIER E. F. WHITE	
1872-3.	E. SERGEANT W. GARTON A. H. LAVER G. CLEGHORN		1882-3.	W. A. DUNCAN C. W. HAIG BROWN H. M. MILTON A. E. WELLS	
1873-4.	I. BOULGER E. WELCHMAN A. V. MAYBURY H. W. VERDON		1883-4.	W. WANSBROUGH JONES G. F. COOPER F. F. CAIGER G. D. JOHNSTON	
1874-5.	J. CROSSMAN G. M. TAYLOR G. F. ROSSITER J. W. CLARKSON		1884-5.	J. ORFORD H. B. ROBINSON W. HULL C. D. GREEN	
1875-6.	H. P. POTTER H. H. CLUTTON C. H. NEWBY R. MAPLES		1885-6.	R. LAWSON B. RELTON F. D. CROWDY H. CAMERON KIDD	
1876-7.	B. PITTS R. MAPLES C. C. SMITH W. EDMUNDS		1886-7.	E. S. GOODDY F. E. NICHOL E. D. RITCHIE J. S. HUTTON W. H. C. STAVELEY	
1877-8.	J. F. NICHOLSON J. BLACK F. H. WEEKES W. H. BATTLE		1887-8.	S. H. JONES J. H. TONKING E. C. STABB L. A. BIDWELL	
1878-9.	G. H. MAKINS G. H. D. GIMLETTE H. U. SMITH W. F. HASLAM K. TAKAKI H. CASTLE		1888-9.	W. F. BROOK F. FAWSETT W. W. ORD J. T. CALVERT F. C. ABBOTT R. V. SOLLY C. H. JAMES C. BROWN	
1879-80.	D. S. DAVIES R. J. WILLIAMSON R. P. SMITH C. E. SHEPPARD		1889-90.	H. G. TURNEY A. N. BOYCOTT H. H. HULBERT F. R. S. MILTON T. W. LAMBERT T. P. COWEN G. E. ANSON H. GERVIS	
1880-1.	J. R. LUNN C. A. BALLANCE H. P. BUTLER A. B. CARPENTER				

HOUSE SURGEONS—*continued.*

1890-1. A. F. STABB  
A. C. LANKESTER  
H. W. NIX  
E. E. WARE  
S. G. TOLLER  
W. S. GRIFFITH  
W. G. G. STOKES  
L. A. J. ROUILLARD

1891-2. L. COBBETT  
T. H. HAYDON  
J. R. HARPER  
C. WYMAN  
T. H. KELLOCK  
C. R. BOX  
W. F. E. MILTON  
T. A. M. FORDE

1892-3. A. BANKS  
H. BURDEN  
J. H. FISHER  
P. J. ATKEY  
W. P. PURVIS  
R. R. LAW  
W. G. SUTCLIFFE  
W. L. WAINWRIGHT

1893-4. C. S. WALLACE  
E. SMITH  
W. REDPATH  
C. PLANCK  
S. W. F. RICHARDSON  
E. M. HAINWORTH  
A. R. O. MILTON  
G. W. THOMPSON

## ASSISTANT HOUSE PHYSICIANS.

1877-8. W. TYRELL  
R. B. BOTHAMLEY  
W. H. BATTLE  
E. H. HARE

1878-9. S. A. CRICK  
J. H. BATTYE  
K. TAKAKI  
W. W. GROOME  
W. B. HADDEN  
W. F. HASLAM  
R. C. BENNINGTON

1879-80. R. P. SMITH  
D. S. DAVIES  
J. SHAW  
A. NEWSHOLME  
J. R. LUNN  
R. J. WILLIAMSON

1880-1. J. R. LUNN  
T. D. SAVILL  
G. S. HATTON  
F. R. WALTERS  
C. B. RICHARDSON  
H. SWALE  
J. B. LAWFORD

1881-2. C. A. BALLANCE  
M. P. M. COLLIER  
A. B. CARPENTER  
H. N. HOLBERTON  
S. W. SUTTON  
A. E. WELLS  
F. W. MARLOW  
R. HEELIS

1882-3. F. E. MARSTON  
G. F. COOPER  
C. W. HAIG-BROWN  
E. F. WHITE  
H. M. N. MILTON  
L. W. BICKLE  
W. FELL  
W. J. SHEPPARD

1883-4. W. HULL  
F. F. CAIGER  
C. D. GREEN  
W. B. TOMSON

1884-5. T. SCUTT  
Y. SANEYOSHI  
R. LAWSON  
H. W. G. MACKENZIE  
R. M. WILLIAMS

1885-6. J. R. STADDON  
E. D. RITCHIE  
E. S. GOODY  
A. E. GODFREY

1886-7. C. S. EVANS  
H. CAMERON KIDD  
W. H. C. STAVELEY  
H. P. HAWKINS

1887-8. H. A. SANSOM  
H. T. BULSTRODE  
S. B. COOK

1888-9. H. B. SEDDON  
G. R. ANDERSON

1889-90. W. B. DE JERSEY  
T. H. DICKSON

## ASSISTANT HOUSE SURGEONS.

1877-8.	E. L. G. GAMBLE G. H. D. GIMLETTE	1888-9.	C. H. JAMES C. W. COOKE S. B. COOK E. HOBHOUSE H. DUNCAN F. C. ABBOTT A. N. BOYCOTT H. H. HULBERT
1878-9.	W. F. HASLAM H. CASTLE R. P. SMITH D. S. DAVIES	1889-90.	F. R. S. MILTON H. C. BRISTOWE G. E. ANSON H. GERVIS T. P. COWEN A. F. STABB A. C. LANKESTER J. H. DEWHURST
1879-80.	R. J. WILLIAMSON C. A. BALLANCE A. NEWSHOLME J. R. LUNN	1890-1.	H. W. NIX E. E. WARE S. G. TOLLER W. G. G. STOKES D. F. SHEARER L. A. J. ROUILLARD T. H. HAYDON J. R. HARPER
1880-1.	F. R. WALTERS C. B. RICHARDSON M. P. M. COLLIER H. SWALE	1891-2.	L. COBBETT C. WYMAN W. F. E. MILTON T. A. M. FORDE T. H. KELLOCK C. R. BOX H. BURDEN P. J. ATKEY
1881-2.	S. W. SUTTON A. E. WELLS E. F. WHITE C. W. HAIG-BROWN	1892-3.	A. BANKS J. H. FISHER R. R. LAW W. G. SUTCLIFFE W. P. PURVIS W. L. WAINWRIGHT C. S. WALLACE E. SMITH
1882-3.	H. M. N. MILTON W. FELL G. F. COOPER W. HULL	1893-4.	W. REDPATH C. PLANCK E. M. HAINWORTH A. R. O. MILTON S. W. F. RICHARDSON R. W. ORD J. W. HEWETT H. A. DICKSON
1883-4.	W. WANSBROUGH JONES G. D. JOHNSTON F. F. CAIGER W. J. SHEPPARD		
1884-5.	H. B. ROBINSON C. D. GREEN R. LAWSON B. RELTON Y. SANEYOSHI		
1885-6.	E. D. RITCHIE F. D. CROWDY H. CAMERON KIDD E. S. GOODDY		
1886-7.	F. E. NICHOL C. S. EVANS W. H. C. STAVELEY S. H. JONES K. TOTSUKA J. H. TONKING E. C. STABB		
1887-8.	L. A. BIDWELL W. F. BROOK J. T. CALVERT W. W. ORD F. FAWSETT E. SOLLY C. BROWN R. V. SOLLY		

## RESIDENT ACCOUCHEURS.

1871-2.	B. ADDY W. GARTON	1881-2.	W. F. HASLAM H. P. BUTLER W. A. DUNCAN T. D. ACLAND
1872-3.	J. S. SLATER M. H. C. PALMER E. SERGEANT L. WILLIAMS	1882-3.	A. E. WELLS G. F. COOPER S. W. SUTTON T. D. SAVILL
1873-4.	G. M. WHITEHEAD C. H. NEWBY I. BOULGER E. H. DAVIS	1883-4.	F. F. CAIGER W. FELL W. J. SHEPPARD W. WANSBROUGH JONES
1874-5.	H. S. BENNETT C. M. TAYLOR	1884-5.	J. ORFORD W. HULL C. D. GREEN G. D. JOHNSTON
1875-6.	W. EDMUNDS S. W. J. JOSEPH G. F. ROSSITER C. C. SMITH	1885-6.	R. E. ROUSE J. E. KERSHAW H. H. LANKESTER A. A. BROCKATT
1876-7.	W. MORGAN T. MILMAN B. PITTS R. MAPLES	1886-7.	J. S. HUTTON C. YEOMAN A. E. GODFREY H. J. MACEVOY
1877-8.	C. H. H. CAMERON G. H. D. GIMLETTE C. H. WHITE F. H. WEEKES	1887-8.	E. SOLLY W. A. BOND H. J. SMYTH J. D. BALLANCE
1878-9.	J. F. NICHOLSON W. TYRRELL F. M. SANDWITH H. U. SMITH	1888-9.	S. W. WHEATON C. H. JAMES H. B. LUARD E. C. STABB
1879-80.	W. H. BATTLE K. TAKAKI C. E. SHEPPARD C. A. BALLANCE	1889-90.	F. FAWSETT G. R. ANDERSON G. E. ANSON A. N. BOYCOTT
1880-1.	H. CASTLE A. NEWSHOLME J. SHAW J. R. LUNN	1890-1.	H. B. OSBURN H. GERVIS H. LOW W. R. CARTER

## SENIOR OBSTETRIC HOUSE PHYSICIANS.

1891-2.	J. R. HARPER W. G. G. STOKES W. F. UMNEY A. BANKS	1892-3.	W. L. WAINWRIGHT T. H. HAYDON C. S. WALLACE R. K. ELLIS
1893-4.	W. A. BOWRING J. H. FISHER R. F. CHANCE T. W. HICKS		



## SENIOR OBSTETRIC CLERKS.

1889-90. H. B. OSBURN  
H. LOW

1890-1. W. G. G. STOKES  
W. R. CARTER  
J. R. HARPER  
H. D. LEVICK

## JUNIOR OBSTETRIC HOUSE PHYSICIANS.

1891-2. W. F. UMNEY  
A. BANKS  
W. L. WAINWRIGHT  
T. H. HAYDON

1892-3. C. LATTER  
C. S. WALLACE  
R. K. ELLIS  
W. A. BOWRING

1893-4. J. H. FISHER  
R. F. CHANCE  
T. W. HICKS  
C. S. JAFFÉ

## OPHTHALMIC HOUSE SURGEONS.

These appointments took the place of the "Clinical Assistants in the Eye Department."

1890-1. H. C. BRISTOWE  
F. E. FORWARD

1892-3. J. FISHER  
E. P. ISAACS

1891-2. C. H. USHER  
S. G. TOLLER

1893-4. J. F. RUDALL  
J. H. FISHER

## SCHOLARSHIPS AND MEDALS.

## ENTRANCE SCIENCE SCHOLARSHIPS.

1875-6. H. A. H. FENTON  
T. D. SAVILL

1876-7. R. J. WILLIAMSON  
H. N. HOLBERTON

1877-8. W. WANSBROUGH JONES  
A. E. WELLS

1878-9. W. HULL

1879-80. R. M. WILLIAMS  
B. RELTON

1880-1. R. LAWSON  
H. H. LANKESTER

1881-2. SYDNEY H. JONES  
J. S. HUTTON

1882-3. H. DUNCAN  
E. D. SHIRTLIFF

1883-4. C. W. COOKE  
F. FAWSSETT

1884-5. F. C. ABBOTT  
C. J. MARTIN

1885-6. A. F. STABB  
S. G. TOLLER

1886-7. C. P. LOVELL  
M. C. CLUTTERBUCK

1887-8. J. E. HARRIS  
W. B. WINSTON

1888-9. E. M. HAINWORTH  
E. SMITH

1889-90. T. G. NICHOLSON  
A. E. RUSSELL

1890-1. P. J. DEAR  
W. E. DIXON  
H. C. CROUCH

1891-2. A. H. STEWART  
F. H. GERVIS

1892-3. A. W. SIKES  
C. G. SELIGMANN

1893-4. R. W. C. PIERCE  
H. E. HEWITT

## TITE SCHOLARSHIPS.

1875. Change made in mode of award.

1861-2-3.	H. SUMMERHAYES	1882-3.	H. P. HAWKINS
1864-5-8.	J. J. RIDGE	1883-4.	F. FAWSETT
1867-8.	H. MEADOWS	1884-5.	F. C. ABBOTT
1870-1-2.	I. BOULGER	1885-6.	A. F. STABB
1873-4-5.	F. H. PECK	1886-7.	H. BURDEN
1875-6.	T. D. SAVILL	1887-8.	J. H. FISHER
1876-7.	W. A. DUNCAN	1888-9.	E. SMITH
1877-8.	W. WANSBROUGH JONES	1889-90.	S. W. F. RICHARDSON
1878-9.	F. H. FURNIVAL	1890-1.	K. J. PREVITE ORTON
1879-80.	C. D. GREEN	1891-2.	J. C. HARCOURT
1880-1.	R. LAWSON	1892-3.	A. W. SIKES
1881-2.	SYDNEY H. JONES	1893-4.	H. E. HEWITT

## MUSGROVE SCHOLARSHIPS.

Founded, April, 1875.

1875-6-7.	S. J. TAYLOR	1884-5-6.	F. FAWSETT
1877-8-9.	W. A. DUNCAN	1886-7-8.	A. F. STABB
1880-1-2.	W. B. TOMSON	1888-9-90.	J. H. FISHER
1882-3-4.	S. H. JONES } æq. K. TOTSUKA }	1890-1-2.	S. W. F. RICHARDSON
		1892-3-4.	M. TAKAYASU

## PEACOCK SCHOLARSHIPS.

1883-4-5.	H. P. HAWKINS	1889-90-1.	C. PLANCK
1885-6-7.	F. C. ABBOTT	1891-2-3.	G. G. GENGE
1887-8-9.	C. P. LOVELL	1893-4.	A. W. SIKES

## CHESELDEN MEDALLISTS.

1850-1.	F. J. MONEY	1862-3.	C. A. GREAVES
1851-2.	H. LANKESTER	1863-4.	W. W. WAGSTAFFE
	T. B. CROSBY (bronze medal)	1864-5.	F. H. WARD
1852-3.	J. E. MORETON	1865-6.	W. W. INGLIS
1853-4.	W. N. CHIPPERFIELD	1866-7.	W. ANDERSON
1854-5.	W. M. ORD	1867-8.	F. POLLARD
1855-6.	J. W. COUSINS	1868-9.	L. M. THOMAS
1856-7.	C. F. GEORGE	1869-70.	E. SERGEANT
1857-8.	E. WOAKES	1870-1.	J. H. BONSER
1858-9.	C. H. DRAKE	1871-2.	A. H. LAVER
1859-60.	T. DRAKE	1872-3.	G. F. ROSSITER
1860-1.	J. W. HICKS	1873-4.	H. P. POTTER
1861-2.	J. F. DECK	1874-5.	J. F. NICHOLSON

CHESELDEN MEDALLISTS—*continued.*

1875-6.	_____
1876-7.	H. U. SMITH
1877-8.	W. F. HASLAM
1878-9.	K. TAKAKI
1879-80.	W. A. DUNCAN
1880-1.	C. W. HAIG-BROWN
1881-2.	_____
1882-3.	G. D. JOHNSTON
1883-4.	R. LAWSON
1884-5.	S. H. JONES

1885-6.	J. H. TONKING
1886-7.	F. FAWSETT
1887-8.	F. C. ABBOTT
1888-9.	A. C. LANKESTER
1889-90.	T. H. KELLOCK
1890-1.	A. BANKS
1891-2.	W. G. SUTCLIFFE
1892-3.	S. W. F. RICHARDSON
1893-4.	E. O. THURSTON

## NEWMAN SMITH PRIZE (MEAD).

1850.	J. W. KEYWORTH
1853.	J. E. MORETON
1854.	E. CLAPTON

1855.	W. H. STONE
1858.	E. WOAKES
1859.	J. HILDITCH

## MEAD MEDALLISTS.

In lieu of the Newman Smith Prize from December, 1874.

1874-5.	J. F. NICHOLSON
1875-6.	_____
1876-7.	G. B. LONGSTAFF
1877-8.	S. J. TAYLOR
1878-9.	T. D. ACLAND
1879-80.	C. F. COXWELL
1880-1.	W. WANSBROUGH JONES
1881-2.	W. HULL
1882-3.	F. F. CAIGER
1883-4.	H. W. G. MACKENZIE
1884-5.	F. D. CROWDY

1885-6.	S. W. WHEATON
	H. J. MACEVOY (Bronze Medal)
1886-7.	W. W. ORD
1887-8.	H. G. TURNEY
1888-9.	S. G. TOLLER
1889-90.	W. W. STABB
1890-1.	C. LATTER
1891-2.	A. R. O. MILTON
1892-3.	E. A. SAUNDERS
1893-4.	G. G. GENGE

## TREASURER'S GOLD MEDALLISTS.

1846-7.	H. D. BENWELL
1847-8.	J. S. BRISTOWE
1848-9.	L. W. SEDGWICK
1849-50.	A. CARPENTER
1850-1.	{ F. J. MONEY (Gold Medal)
	{ C. W. CHALDECOTT (Silver Medal)
1851-2.	H. LANKESTER
1852-3.	J. E. MORETON
1853-4.	W. N. CHIPPERFIELD
1854-5.	W. M. ORD
1855-6.	W. H. STONE

1856-7.	J. WILLIAMS
1857-8.	H. GERVIS
1858-9.	C. H. DRAKE
1859-60.	T. DRAKE
1860-1.	J. W. HICKS
1861-2.	J. F. DECK
1862-3.	H. SUMMERHAYES
1863-4.	W. W. WAGSTAFFE
1864-5.	F. H. WARD
1865-6.	A. WALLER
1866-7.	N. C. DOBSON

TREASURER'S GOLD MEDALLISTS—*continued.*

1867-8.	J. J. RIDGE	1881-2.	W. J. SHEPPARD
1868-9.	H. W. SAUNDERS	1882-3.	W. B. TOMSON
1869-70.	J. S. SLATER	1883-4.	R. LAWSON
1870-1.	B. ADDY	1884-5.	S. H. JONES
1871-2.	A. V. MAYBURY	1885-6.	H. J. SMYTH
1872-3.	G. F. ROSSITER	1886-7.	F. FAWSETT
1873-4.	H. C. SANDFORD	1887-8.	F. C. ABBOTT
1874-5.	J. F. NICHOLSON	1888-9.	A. F. STABB
1875-6.	—————	1889-90.	A. KING
1876-7.	C. E. SHEPPARD	1890-1.	J. H. FISHER
1877-8.	S. J. TAYLOR	1891-2.	E. SMITH
1878-9.	K. TAKAKI	1892-3.	S. W. F. RICHARDSON
1879-80.	W. A. DUNCAN	1893-4.	G. G. GENGE
1880-1.	W. WANSEBROUGH JONES		

## SOLLY MEDALLISTS.

Founded, 1873.

1877.	W. H. BATTLE	1886.	E. SOLLY
	C. W. DE LACY EVANS	1888.	C. H. JAMES
1878.	C. E. SHEPPARD	1890.	C. WYMAN
1880.	C. A. BALLANCE	1892.	W. B. WINSTON
1882.	W. A. DUNCAN	1893.	M. A. TEALE
1884.	J. PIETERSEN		

## GRAINGER TESTIMONIAL PRIZE.

1866.	J. J. RIDGE	1882-3.	C. S. SHERRINGTON
1874-5.	H. P. POTTER	1886-7.	F. G. PARSONS
1878-9.	W. A. DUNCAN	1893-4.	A. S. F. GRÜNBAUM

# LOCAL LIST OF OLD STUDENTS OF ST. THOMAS'S HOSPITAL.

---

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     N. J. Newbould.  
 ABBOTSBURY, DORSET.—  
     W. Hawkins.  
 ABERAVON, GLAMORG.—  
     A. Jeffreys.  
 ABERDARE, GLAMORG.—  
     E. Jones, E. J. T. Jones.  
 ABERYSTWITH, CARD.—  
     T. P. Beddoes.  
 AINTREE, LANC.—  
     E. S. Sugden.  
 ALDERSHOT, HANTS.—  
     N. Hildyard.  
 ALFORD, LINC.—  
     A. E. Odling.  
 ALNWICK, NTHLD.—  
     R. B. Robson.  
 AUGHTON, YORKS.—  
     W. Garton.  
 AYLESTONE, LEIC.—  
     E. H. Snoad.  
 AYLSHAM, NORFOLK.—  
     P. C. Shephard.  
 BAGSHOT, SURREY.—  
     H. B. Osburn.  
 BAKEWELL, DERBY.—  
     E. B. Wrench, E. M. Wrench.  
 BAMBER BRIDGE, LANC.—  
     J. Bibby.  
 BANBURY, OXFORD.—  
     A. J. Adkins, R. Rygate, C. W.  
     Windsor.  
 BANWELL, SOMERS.—  
     R. R. Hatherrell.  
 BARKING, ESSEX.—  
     E. Swindells.  
 BARNSTAPLE, DEVON.—  
     J. R. Harper, T. Johnston.  
 BARROW-UPON-HUMBER, LINC.—  
     T. Baron.  
 BARTON-UPON-HUMBER, LINC.—  
     W. H. Sissons.

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     E. H. O. Sankey.  
 BASLOW, DERBYSHIRE.—  
     E. M. Wrench.  
 BATH, SOMERSET.—  
     W. N. Heygate, J. Jarvis, P.  
     King.  
 BATLEY, YORKS.—  
     J. Russell.  
 BAWTRY, YORKS.—  
     W. F. Ward.  
 BECCLES, SUFFOLK.—  
     H. P. Helsham.  
 BECKENHAM, KENT.—  
     P. Northcote, G. R. F. Stilwell.  
 BEDDINGTON, SURREY.—  
     C. R. BOX.  
 BEDFORD.—  
     C. G. Johnson, W. G. Johnson, J.  
     Raby, W. Stokes (retired).  
 BELPER, DERBYSHIRE.—  
     H. Lomas.  
 BENENDEN, KENT.—  
     J. C. R. Richardson.  
 BEXHILL, SUSSEX.—  
     J. REW.  
 BICKLEY, KENT.—  
     S. F. Wright.  
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     H. L. Pearson.  
 BIRMINGHAM, WARWICK.—  
     J. D. Ballance, H. R. Bracey, A.  
     Foxwell, W. F. Haslam, A. Price.  
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     H. Gervis, J. E. Morris.  
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     E. D. Ritchie.  
 BLAKESLEY, NORTHANTS.—  
     E. DEANE.  
 BOOTLE, LANC.—  
     R. J. Sprakeling.



- BOREHAM STREET, SUSSEX.—  
     A. R. Barnes.  
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     J. SEDGWICK.  
 BORROWASH, DERBYSHIRE.—  
     J. A. Hunt.  
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     R. E. E. SOUTH.  
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     A. W. Pearse.  
 BOTLEY, HANTS.—  
     A. Pern.  
 BOURNEMOUTH, HANTS.—  
     T. W. Blake, H. K. Hitchcock,  
     R. H. D. Mahon, W. H. L.  
     Marriner, W. S. Tebb, G. E. Weary,  
     G. F. Worthington.  
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     H. Parson.  
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     E. P. Hughes, S. Lodge, jun.  
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     W. J. A. Adye.  
 BRAUNTON, DEVON.—  
     W. J. Harper.  
 BRECON.—  
     G. P. Francis.  
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     J. W. Papillon.  
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     W. S. Fincham, F. N. Williams.  
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     W. Watkins-Pitchford.  
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     P. Gilbert, R. H. Gwynn, G. D.  
     Kerr, A. Newsholme, C. B.  
     Richardson, C. J. Smith, M. B.  
     Tanner, E. Treves, C. H. Welch.  
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     H. Appleton (retired), D. S.  
     Davies, W. D. Henderson.  
 BROAD CHALK, WILTS.—  
     A. Longman.  
 BROADWAS-ON-TEME, WORC.—  
     J. T. Penhall (retired).  
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     R. Holloway.  
 BROMSGROVE, WORC.—  
     H. C. Kidd.  
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     A. Marshall.  
 BUCKDEN, HUNTS.—  
     W. H. Hillyer.  
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     R. Walker.  
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     P. R. Adkins.  
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     J. W. Mactavish, G. W. Thompson.  
 BURTON-ON-TRENT, STAFF.—  
     L. W. Burton.  
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     W. Summerhayes.  
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     C. W. De Gruchy.  
 CALDICOT, MON.—  
     H. H. Heffernan.  
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     J. Carter (retired), L. Cobbett,  
     J. Colston, W. H. Cooper-Pattin,  
     J. Hough, W. S. Melsome, A. F.  
     Stabb, G. E. Wherry.  
 CANE HILL, SURREY.—  
     A. N. Boycott, J. M. Moody.  
 CAPEL, SURREY.—  
     J. L. Jardine.  
 CARDIFF, GLAMORG.—  
     C. E. Hardyman.  
 CARLISLE, CUMB.—  
     W. R. Thurnam.  
 CARSHALTON, SURREY.—  
     J. Wallace (retired).  
 CATERHAM VALLEY, SURREY.—  
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     H. L. Bernays.  
 CHARTHAM, KENT.—  
     G. C. Fitzgerald.  
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 CHESTER.—  
     J. Duff.  
 CHEW MAGNA, SOMERS.—  
     G. W. F. Bury.  
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     A. W. F. Sayres.

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- CHIPPING NORTON, OXF.—  
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- CHUDLEIGH, DEVON.—  
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- CHURCH STRETTON, SALOP.—  
H. Barnett.
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- CLEOBURY MORTIMER, SALOP.—  
F. H. Thompson.
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- COALVILLE, LEIC.—  
L. Houghton.
- COLCHESTER, ESSEX.—  
P. Coleman, H. Laver, W. A. Maybury.
- COLNE, LANC.—  
J. J. Ideson.
- COLSTON-BASSETT, NOTTS.—  
W. Windley.
- COVENTRY, WARW.—  
F. M. Haig.
- COWES, I.W.—  
E. W. Paul.
- CRADLEY HEATH, STAFF.—  
T. V. de Denne.
- CRAVEN ARMS, SALOP.—  
E. Tredinnick.
- CRAWLEY, SUSSEX.—  
T. H. Martin.
- CRAYFORD, KENT.—  
W. P. Fooks.
- CREWE, CHESH.—  
L. Bostock, W. Hodgson.
- CREWKERNE, SOMERSET.—  
W. W. Webber.
- CROOKESMOOR, YORKS.—  
C. S. Kilham.
- CROYDON, SURREY.—  
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- CULLOMPTON, DEVON.—  
J. H. Potter.
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C. Plant.
- DARENTH, KENT.—  
C. E. Matthews.
- DARTFORD, KENT.—  
H. Croucher (retired).
- DARTMOOR, DEVON.—  
F. W. S. Stone.
- DEAL, KENT.—  
H. T. Massey.
- DEDDINGTON, OXFORD.—  
H. Saunders.
- DEDHAM, ESSEX.—  
C. E. D. Maile.
- DERBY.—  
W. Benthall, C. A. Greaves, E. C. Green, T. Highton, C. H. Hough, G. S. Sims, J. A. Southern.
- DEVIZES, WILTS.—  
T. B. Anstie.
- DIDSBURY, LANC.—  
W. W. Jones.
- DISS, NORFOLK.—  
T. E. Amyot.
- DONCASTER, YORKS.—  
M. J. Wakefield, F. Webb.
- DORCHESTER, DORSET.—  
E. J. Day, A. Emson.
- DORKING, SURREY.—  
C. W. Chaldecott, H. Chaldecott, J. Dixon.
- DOVER, KENT.—  
R. W. Ord.
- DOVERCOURT, ESSEX.—  
H. Gurney.
- DROITWICH, WORC.—  
T. Corbett.
- DUKINFIELD, CHESHIRE.—  
J. R. S. Park.
- DUNSTABLE, BEDS.—  
F. W. D. Henslowe.
- DUNSTER, SOMERSET.—  
J. W. G. Grant.
- DURHAM.—  
Rev. J. T. Fowler (retired), O. F. N. Treadwell.
- EASTBOURNE, SUSSEX.—  
C. H. H. Cameron.
- ECCLESTON, LANC.—  
T. Fisher.
- EDENBRIDGE, KENT.—  
C. Planck, jun.

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     C. J. Blakeman, H. H. Hulbert.  
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     W. R. M. Berridge.  
 ENFIELD, MIDDLESEX.—  
     J. J. Ridge.  
 EPSOM, SURREY.—  
     R. Davis, A. F. W. King.  
 ERITH, KENT.—  
     J. H. Hooper, J. C. M. Maynard.  
 ESHER, SURREY.—  
     R. F. Walker.  
 ETON, BUCKS.—  
     E. S. Norris.  
 EVESHAM, WORC.—  
     J. S. Slater.  
 EXETER, DEVON.—  
     H. Andrew, M. L. Brown, A.  
     Goulston, H. T. Hartnoll, J. S.  
     Perkins, R. V. Solly.  
 FAIRFORD, GLOUC.—  
     D. Iles.  
 FAREHAM, HANTS.—  
     H. D. Brook.  
 FLEET, HANTS.—  
     G. H. Wickham.  
 FLEETWOOD, LANC.—  
     W. H. Robinson.  
 FOLKESTONE, KENT.—  
     E. J. H. Booth, A. W. Jones,  
     C. Latter, A. E. Price.  
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     C. J. West.  
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 GATESHEAD, DURHAM.—  
     A. Green.  
 GODALMING, SURREY.—  
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     Brown.  
 GODSTONE, SURREY.—  
     S. I. Mansel-Howe.  
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     J. W. Carpenter.  
 GRANGE-OVER-SANDS, LANC.—  
     A. Beardsley.  
 GREAT DRIFFIELD, YORKS.—  
     R. B. Eccles, R. Wood.  
 GREAT GLEN, LEIC.—  
     E. V. Phillips.  
 GREAT GRIMSBY, LINC.—  
     G. Gresswell.  
 GREAT TORRINGTON, DEVON.—  
     E. Sutcliff.

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     B. de B. Carey, E. K. Corbin,  
     M. A. B. Corbin, A. C. Wallace.  
 GUILDFORD, SURREY.—  
     W. W. Lake, J. Morton, A.  
     Napper (retired).  
 HAMPTON WICK, MIDDLEX.—  
     R. Fawcett.  
 HANLEY, STAFF.—  
     J. W. Greenwood.  
 HARLESTON, NORFOLK.—  
     E. Candwell.  
 HARPENDEN, HERTS.—  
     A. Maclean.  
 HARROGATE, YORKS.—  
     A. O. Jones, C. E. Pronger, E.  
     Solly, A. W. H. Walker.  
 HARTFORD, CHESH.—  
     T. Moreton.  
 HARWICH, ESSEX.—  
     R. Henry, T. E. Stuart.  
 HASLEMERE, SURREY.—  
     C. S. Wallace.  
 HASTINGS, SUSSEX.—  
     H. A. Cleaver, W. J. Harris.  
 HAVANT, HANTS.—  
     E. G. Renny.  
 HAYLE, CORNWALL.—  
     W. F. Cleaver.  
 HAYWARD'S HEATH, SUSSEX.—  
     A. H. Newth, C. E. Saunders.  
 HEATHFIELD, SUSSEX.—  
     J. H. Marsh.  
 HECKINGTON, LINC.—  
     E. Welchman.  
 HEELEY, YORKS.—  
     J. M. James.  
 HEIGHINGTON, LINC.—  
     F. Barker.  
 HELLESDON, NORFOLK.—  
     W. Harris.  
 HEMEL HEMPSTEAD, HERTS.—  
     A. J. Hubbard.  
 HENFIELD, SUSSEX.—  
     A. W. W. Caudle.  
 HIGHWORTH, WILTS.—  
     D. P. S. Hill.  
 HINDERWELL, YORKS.—  
     J. W. Staniforth.  
 HODDESDEN, HERTS.—  
     W. L. Horley (retired).  
 HOLBEACH, LINC.—  
     A. Dobson, R. R. Harper.  
 HOLT, NORFOLK.—  
     J. B. Gillam.

- HORNSEA, YORKS.—  
     J. T. Jones.  
 HOUNSLOW, MIDDLEX.—  
     T. W. Bullock.  
 HOXNE, SUFFOLK.—  
     J. D. Phillips.  
 HUCKNALL-TORKARD, NOTTS.—  
     W. H. Coates.  
 HULL, YORKS.—  
     T. W. Hicks, F. Nicholson, W. C.  
     Rockliffe, W. G. Sutcliffe, G. M.  
     Turner, A. Wilson.  
 HURSTBOURNE-TARRANT, HANTS.—  
     J. H. Gilmour.  
 HUYTON, LANC.—  
     H. Gorst.  
 INGATESTONE, ESSEX.—  
     T. Hodson.  
 INGHAM, LINC.—  
     S. Farrow (retired).  
 INGLETON, YORKS.—  
     F. A. Griffiths.  
 IPSWICH, SUFFOLK.—  
     W. Adams, F. R. Anness, H. E.  
     Staddon, J. R. Staddon, W. J.  
     Staddon.  
 IRLAMS-O'-TH'-HEIGHT, LANC.—  
     C. C. Heywood.  
 JERSEY.—  
     T. J. Aubin, J. Labey, E. H. C.  
     Sullivan.  
 KEGWORTH, LEIC.—  
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B.Sc. Lond., M.B., M.S., F.R.C.S.,  
Resident Assistant Surgeon.

w 1884-5. 1st Year Student, 1st Entrance  
Science Scholarship, The Wm.  
Tite Scholarship.

s 1885. 1st Year Student, 1st Coll. Prize.

w 1885-6. 2nd Year Student, The Peacock  
Scholarship.

w 1886-7. 3rd Year Student, 2nd tenure of  
Peacock Scholarship with 1st  
Coll. Prize.

w 1887-8. 4th Year Student, The Cheselden  
Medal;

Treasurer's Gold Medal.

H.P., H.S., A.H.S., Demonstrator of  
Anatomy and Surgical Registrar.

ABEL, H. M. House Surg., Peter-  
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B.A. Oxon.

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ACKERLEY, R. St. Dunstan's, Sutton,  
Surrey. M.A., M.B., B.Ch. Oxon.

ACLAND, T. D. 74, Brook Street,  
Grosvenor Square. M.A., M.D.  
Oxon.; F.R.C.P. Lond.; Physician,  
St. Thomas's Hospital; Physician,  
Brompton Hospital.

w 1877-8. 3rd Year Physical Society's  
Prize. Paper published in Hos-  
pital Reports, Vol. VIII.

w 1878-9. 4th Year Student. Mead Medal.  
Late Demonstr. of Pract. Med., Demonstr.  
of Morb. Histol, Demonstr. of Pract.  
Physiol., H.S., H.P., R.A.

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ment's, Ipswich.

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ADDY, B. M.D. Lond.

1869. 1st Year Student, 1st Coll. Prize;  
Physical Society's 1st Year's Prize.

1870. 2nd Year Student, 1st Coll. Prize;  
Physical Society's 2nd Year's Prize.

1871. 3rd Year Student, 1st Coll. Prize;  
Prosecutor's Prize;  
Treasurer's Gold Medal.

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M.B. Lond.

Clin. Asst. Skin Dept.

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M.D., B.S. Durham.

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Bradford-on Avon, Wilts.

AIKINS, W. H. Toronto, Canada.

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ALLEN, W. H. Stanyards, Cobham.  
B.A. Cantab.

ALLINGHAM, J. H. 115, Plough Road,  
New Wandsworth.

ALLINGHAM, W. 25, Grosvenor St.,  
Grosvenor Square. F.R.C.S.

1854. Descriptive Anatomy, Prize;  
Surgery Prize.

1855. Medicine, Prize;  
Clinical Medicine, President's Prize;  
Clinical Medicine, Treasurer's Prize.

Surgical Tutor, Demonstrator of Anatomy,  
and Surgical Registrar.

ALLIOTT, A. J. Rosendal, Seven-  
oaks, Kent. B.A., M.D. Cantab.

ALPIN, W. G. P. Surg.-Capt. Bengal  
Army. M.D. Brux.

Late Demonstr. of Pract. Surg.

AMYOT, T. E. Diss, Norfolk. F.R.C.S.

ANDERSON, G. R. 21, Hoghton Street,  
Southport. F.R.C.S.

R.A., A.H.P.



- ANDERSON, H. B. West Brighton.
- ANDERSON, W. 2, Harley Street, Cavendish Square. F.R.C.S., Surgeon, Surgeon for Skin Diseases to, and Joint Lecturer on Anatomy at, St. Thomas's Hospital, Professor of Anatomy to the Royal Academy, Member of the Board of Examiners in Anatomy for the Fellowship of the Royal College of Surgeons.  
1865. 1st Year Student, 3rd Coll. Prize.  
1866. 2nd Year Student, 3rd Coll. Prize.  
1867. 3rd Year Student, 3rd Coll. Prize;  
Physical Society's 3rd Year's Prize;  
Cheselden Medal.  
Surg. Registrar.
- ANDRÉ, J. E. F. The Gorse, Sidlesham, Chichester.
- ANDREW, H. House Surg., Devon and Exeter Hosp., Exeter.
- ANDREWS, C. H. Swainsthorpe, Lower King's Road, Kingston-on-Thames.
- ANDREWS, R. Chestnut Grove, New Malden, Surrey.
- ANNESLEY, W. O. T. Hare Lane, Farncombe, Godalming, Surrey.
- ANNESS, F. R. 32, Berners Street, Ipswich.
- ANSON, G. E. Wellington, New Zealand. M.D., B.C. Cantab.  
H.S., A.H.S., R.A.
- ANSTIE, T. B. 21, Northgate Street, Devizes.
- ANTHONY, T. G. Tredegar, Monmouthshire.
- APPLETON, G. Park Braws, Lizard, Helston, Cornwall (retired).
- APPLETON, H. Poulton Lodge, Sneyd Park, Bristol (retired). M.D. Aberd.
- APPLEYARD, F. E. Savile House, Halifax. B.A. Cantab.
- ARMSTRONG, H. G. Heathcote, Wellington Coll., Berks.  
w 1874. 3rd Year Student, 3rd Coll. Prize.
- ARNISON, W. D. Sen. House Phys., Roy. Infirm., Newcastle-on-Tyne. M.D., B.S. Durham.
- ARNOLD, E. G. E. 30, Abingdon Mansions, Kensington.
- ARNOLD, G. J. Wickwar, Glos.
- ASHE, W. P. 41, Sloane Gardens, Chelsea.
- ATKEY, P. J. 296, Upper Richmond Road, Putney.  
H.S., A.H.S., Clin. Asst. Throat, Ear and Skin Depts.
- ATKINSON, F. P. Claremont Road, Surbiton, Surrey. M.D., C.M. Aberd., M.R.C.P. Edin.
- AUBIN, T. J. 39, La Motte Street, St. Helier's, Jersey. M.D. St. And.
- AVELING, C. T. The Oaklands, Upper Clapton. M.D., M.S. Lond., F.R.C.S.  
1863. Matriculation Examination — Physics and Natural History 1st Coll. Prize;  
1st Year Student, 1st Coll. Prize.  
1864. 2nd Year Student, 2nd Coll. Prize.  
1865. 3rd Year Student, 3rd Coll. Prize.  
H.S.
- AVETOOM, S. D. Surg.-Maj. Bombay Army.
- AVETOOM, T. C. Calcutta, India.
- BAKER, W. H. 40, Norfolk Terrace, Bayswater.
- BALLANCE, C. A. 106, Harley Street, Cavendish Square. M.B., M.S. Lond, F.R.C.S., Assistant Surgeon, Surgeon for Diseases of the Ear, and Teacher of Practical Surgery, St. Thomas's Hospital, Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.  
w 1876-7. 3rd Year Student, 3rd Coll. Prize, and Physical Society's 3rd Year's Prize.  
1880. The Solly Medal and Prize.  
Late Surgical Registrar and Demonstrator of Anatomy at St. Thomas's Hospital.  
H.S., A.H.S., R.A.
- BALLANCE, J. DES C. 155, Hagley Road, Edgbaston, Birmingham. R.A.
- BANHAM, Rev. H. F. 36, London Road, Reading. M.A., M.D. Cantab.
- BANHAM, W. W. 147, Abbeydale Road, Sheffield.
- BANKS, A. 3, St. Luke's Road, Clapham. F.R.C.S., D.P.H.  
w 1887-8. 1st Year Student, 1st Coll. Prize.  
s 1890. 3rd Year Student, 2nd Coll. Prize.  
w 1890-1. 4th Year Student, The Cheselden Medal.  
H.S., A.H.S., Asst. Demonstr. of Pract. Surg., Clin. Asst. Skin Dept., Jun. and Sen. Obst. H P.
- BARBER, H. V. 1, Somerfield Road, Finsbury Park. M.A. Cantab.
- BARKER, F. Heighington, Linc.
- BARKER, F. R. Surg.-Maj., Army. M.B. Lond., D.P.H.
- BARNES, A. R. Boreham Street, Sussex. M.B. Edin.

- BARNES, R. Conservative Club, W., and Lingwood, Liss, Hants (retired). M.D., F.R.C.P. Lond., Luml. Lect., Censor, F.R.C.S., F.R.C.P.I. (Hon.). Formerly Obst. Phys. and Lect. on Obst., Lond., St. Thos. and St. Geo. Hosps., and Exam. Univ. Lond., R.C.P. Lond., and R.C.S. Eng.
- BARNES, R. S. F. 7, Queen Anne Street, Cavendish Square. M.D., C.M. Aberd., M.R.C.P. Lond., Sen. Phys. Chelsea Hosp. for Wom., Brit. Lying-in-Hosp., Roy. Matern. Charity.
- BARNETT, H. Burway House, Church Stretton, Salop. M.A., M.B., B.C. Cantab.
- BARON, T. Ulceby, and The Hollies, Barrow-on-Humber, Linc. H.S.
- BARRETT, E. E. Donaldson Road, Kilburn. M.D. Brux., Asst. Phys. Italian Hosp., Clin. Asst. Moorfields, Ophth. Hosp.
- BARRETT, J. J. 170, Ramsden Road, Balham. M.D. St. And.
- BARRS, J. H.
- BARWELL, R. 55, Wimpole Street, Cavendish Square. F.R.C.S., Consulting Surgeon to Charing Cross Hospital. 1850. Clinical Medicine, Prize.
- BASHALL, C. E. Fore Street, Kingsbridge, Devon.
- BATE, G. (travelling).
- BATESON, R. S. Fairfield Road, Lancaster.
- BATHURST, L. Murillo, Ontario, Canada.
- BATTLE, W. H. 2, Mansfield Street, Cavendish Square. F.R.C.S., Assistant Surgeon to St. Thomas's Hospital, and to the Royal Free Hospital. w 1875. 2nd Year Student, 3rd Coll. Prize. w 1876-7. 3rd Year Student, The First Solly Medal and Prize. Resident Assistant Surgeon, Surgical Registrar, H.P., A.H.P., R.A.
- BATTYE, J. H. 84, Belgrave Road, S.W. M.D.Q.U.I. A.H.P.
- BAYLISS, R. A. Spondon, Derbysh.
- BEARDSLEY, A. Bay Villa, Grange-over-Sands, Lanc.
- BEDFORD, C. F. New Sleaford, Linc.
- BEDFORD, R. J. Kegworth, Leic. R.A.
- BEDDOES, T. P. 26, North Parade, Aberystwith. B.A., M.B., B.C. Cantab., F.R.C.S. Clin. Asst. Skin Dept.
- BELL, C. W. J. 61, Ugate, Louth, Linc.
- BELL, E. S. Asst. Med. Off. St. Olave's Union Infirm., Lower Road, Rotherhithe.
- BELL, J. A. Deravona, Watts' Avenue, Rochester, Kent. H.S., R.A.
- BELL, J. V. Star Hill, Rochester, Kent. M.D. St. And., F.R.C.S. H.S., R.A.
- BENINGTON, R. C. 59, Osborne Road, Newcastle-on-Tyne. M.D., B.S., L.S.Sc. Durh., Med. Tutor Univ. Durh. Coll. of Med. H.P.
- BENNETT, H. S. 53, Upper Berkeley Street, Portman Square, W., and 2, Birchin Lane, E.C. M.B. Cantab. R.A.
- BENSLEY, E. C. 127, Fellows Road, South Hampstead. F.R.C.S.
- BENSON, G. V. 13, Queen Anne's Grove, Bedford Park, Chiswick, M.A. Cantab.
- BENSUSAN, A. D. 15, Albert Hall Mansions, S.W.
- BENT, G. Surg.-Capt., Army.
- BENTHALL, W. 102, Friar Gate, Derby. B.A., M.B. Cantab.
- BERNAU, H. F. (travelling). Clin. Asst. Throat Dept.
- BERNAYS, A. V. Solihull, Warwk. B.A., M.B. Cantab. w 1880-1. 3rd Year Student, 1st Coll. Prize.
- BERNAYS, H. L. Rivoli, Old Charlton, Kent. w 1873. Prosector's Prize.
- BERRIDGE, W. R. M. Enderby, near Leicester.
- BEVILLE, F. W. 25, Hanover Square, W., and The Firs, Palace Road, East Molesey, Surrey. Clin. Asst. Skin Dept.
- BIBBY, J. Withy House, Bamber Bridge, Lanc.
- BICKLE, L. W. Mount Barker, Adelaide, S. Australia. s 1878. 1st Year Student, 3rd Coll. Prize. s 1879. 2nd Year Student, 1st Coll. Prize.

- BIDDLE, D. Charlton Lodge, Kingston-on-Thames.  
1860. 1st Year Student, Treasurer's Prize ;  
Matriculation Exam., Prize.  
H.S.
- BIDWELL, L. A. 59, Wimpole Street,  
Cavendish Square.  
H.S., A.H.S.
- BIGGAM, W. 25, Foyle Street, Sunderland.  
M.A., M.B. Durh.
- BIGGER, W. G. Aberfoyle, Streatham  
Common. B.A.R.U.I., M.B., M.Ch.
- BILLSON, C.
- BIRD, G. W. H. P. & O. Service.  
B.A., M.B., B.C. Cantab.  
H.P., Clin. Asst. Skin Dept.
- BIRD, W. V. 4, Eaton Villas, West  
Brighton (retired). M.D. Aberdeen,  
M.R.C.P.
- BLACK, J. 2, Prince's Mansions, Victoria  
Street. B.A., M.B. Cantab.,  
F.R.C.S., Aural Surg. and Lect. on  
Anat. Westm. Hosp.  
w 1872. 2nd Year Student, Prosecutor's  
Prize.  
H.S.
- BLACK, W. S. Stockland, Honiton,  
Devon.
- BLACKER, A. B. 15, West Eaton  
Place, Eaton Square. M.D., B.S.  
Durh.  
Clin. Asst. Ear Dept.
- BLACKETT, W. C.
- BLADES, C. C. 171, Kennington Park  
Road, S.E. M.D. St. And.
- BLAIKIE, A. B. Oswestry, Salop.  
M.A., M.B., B.C. Cantab.
- BLAKE, T. W. Hurstbourne, Bourne-  
mouth, Hants.
- BLAKEMAN, C. J. Fore Hill, Ely,  
Cams.
- BLUNSOM, J.
- BLUNT, A. H. 19, St. Nicholas Street,  
Leicester.
- BOND, B. W. The Lodge, Englefield  
Green, Staines. M.B., B.S. Durh.
- BOND, C. K. 9, Robert Street, N.W.  
D.P.H.
- BOND, W. A. 9, Duke Street, St.  
James's. M.A., M.D., B.C., D.P.H.  
Cantab., M.R.C.P.  
R.A., Clin. Asst. Throat Dept.
- BOOTH, E. J. H. Mill Field Lodge,  
Folkestone.
- BOOTH, J. W. Hartford, Connecticut,  
U.S.A.
- BOSTOCK, L. Merefield House, Has-  
lington, Crewe.
- BOTT, W. G. 414, Clapham Road.
- BOUCK, J. A. 60, Fentiman Road,  
Clapham Road.
- BOULGER, I. Surg.-Maj., Army.  
1870. 1st Year Student, Sir Wm. Tite's  
Scholarship.  
1871. 2nd Year, Sir Wm. Tite's Scholar-  
ship.  
w 1872. 3rd Year, Sir Wm. Tite's Scholar-  
ship.  
H.S., R.A.
- BOWEN, R. E. A. 412, Bethnal Green  
Road.
- BOWRING, W. A., Royal Free Hosp.,  
Gray's Inn Road.  
H.P., Jun. and Sen. Obst. H.P.
- BOX, C. R. Holmwood, South Bed-  
dington, Upper Wallington, Surrey.  
M.D., B.S., B.Sc. Lond., F.R.C.S.,  
Med. Registrar.  
w 1885-6. 1st Year Student, 2nd Coll. Prize.  
H.S., A.H.S., Res. H.P., Clin. Asst. Ear  
Dept.
- BOYCOTT, A. N. Asst. Med. Off. Lond.  
Co. Asyl., Cane Hill, Purley, Surrey.  
M.D. Lond.  
H.S., A.H.S., R.A., Clin. Asst. Skin Dept.
- BOYER, J. J. W. R. M.D. Heidelb.
- BOYS, A. H. Chequer Lawn, St.  
Alban's, Herts.
- BRACEY, H. R. 111, Bristol Street,  
Birmingham.
- BRADDON, C. H. Ryecroft House,  
Cheetham Hill, Manchester. M.D.  
St. And., J.P.  
R.A.
- BREWIS, A. S. 2, Eskdale Terrace,  
Newcastle-on-Tyne. M.D., B.S.  
Durh.
- BRINGLOE, J. 41, Milkwood Road,  
Herne Hill.
- BRIERLEY, T. B., Jun. Tattenhall,  
Chesh. M.B., C.M. Edin.
- BRISLEY, C. W. 159, High Street,  
New Brompton, Kent.
- BRISTOW, G. H. F.R.C.S.I., M.D.  
Brux.  
Clin. Asst. Throat and Ear Depts.
- BRISTOWE, H. C., Jun. Asst. Med.  
Off. Somerset and Bath Co. Asyl.,  
Wells, Somers. M.D. Lond.  
H.P., Opth. H.S., A.H.S.

BRISTOWE, J. S. 13, Old Burlington Street, W. M.D., F.R.C.P., F.R.S., LL.D., Consulting Physician to St. Thomas's Hospital.

1847. Descriptive and Surgical Anatomy, Prize.

1848. Physiology and Anatomy, Prize ;  
Practical Chemistry, Prize ;  
Botany, Prize ;  
Comparative Anatomy, Prize ;  
Surgery, Prize ;  
General Proficiency, Treasurer's Medal.

Late Lecturer on General Pathology, and  
Joint Lecturer on Medicine, St. Thomas's Hospital.

BROCK, C. DE L. Alstone Lawn, Tooting Graveney.

BROCK, J. 28, Wilbury Road, Hove, West Brighton.

BROCKATT, A. A. Hazeldean, Malvern, Worc. M.D. Brux.

R.A., H.P., Clin. Asst. Skin, Throat and Ear Depts.

BROCKWAY, A. B. Muttaborra, Queensland.

BROOK, H. D. Fareham, Hants, D.P.H.

BROOK, W. F. Mount Pleasant, Swansea. F.R.C.S.

H.S., A.H.S., Clin. Asst. Ear, Skin and Throat Depts.

BROOKS, C.

BROWN, F. G. 17, Finsbury Circus.

1851. 2nd Year Student, 3rd Coll. Prize.

1862. 3rd Year Student, 3rd Coll. Prize.

BROWN, L. D. Henley Villa, Ealing.

BROWN, M. L. St. Sydwell's Villa, Exeter. M.D., C.M. Edin.

BROWNE, E. A. 39, Rodney Street, Liverpool. F.R.C.S. Edin. Lect. on Ophth. Univ. Coll. Liverpool.

BRUCE, R. M. Med. Superint., West. Hosp., Seagrave Road, Fulham.

BRYAN, F., Sen. Asst. Med. Off. Lond. Co. Asyl., Colney Hatch. M.B. Durh.

BUCKLEY, T. W. The Poplars, Thrapstone, Northants.

BULLEN, F. ST. J. Heathlea, Beaufort Road, Reigate.

BULLOCK, H. M. Overtown House, Spring Grove, Isleworth.

BULLOCK, T. W. Overtown House, Spring Grove, Isleworth, and Bath Road, Hounslow, Middlesex. Med. Off. Health Heston and Isleworth.

BULSTRODE, H. T. Local Govt. Bd., Whitehall. M.A., M.D. Camb., D.P.H.

H.P., A.H.P., Clin. Asst. Throat, Skin and Ear Depts.

BURD, G. V. Okehampton, Devon.

BURDEN, H. Indian Medical Service. F.R.C.S.

w 1886-7. 1st Year Student, The William Tite Scholarship.

s 1887. 1st Year Student, 2nd Coll. Prize.

w 1887-8. 2nd Year Student, 2nd Coll. Prize.

H.S., A.H.S.

BURNS, A. H. Hamslade, Sweyn Road, Cliftonville, Margate.

BURTON, C. F.

BURTON, L. W. 47, Lichfield Street, Burton-on-Trent.

BURY, A. T. Sheen, Ashbourne, Derbyshire.

BURY, G. W. F. Chew Magna, Somers. (retired). F.R.C.S.

BUTLER, G. R. 38, Carlton Vale.

BUTLER, H. P.

H.S., H.P., R.A.

BUTTERWORTH, S. Sur.-Capt., Army.

BYERS, D. W. 20, Leicester Road, Maindee, Newport, Mon.

BYHAM, W. L. 15, High Street, Spalding, Linc.

CADE, H. L. Albert Villa, 2, Queen's Road, Peckham.

CAIGER, F. F. Med. Superint. S.W. Fever Hosp., Stockwell. M.D., B.S. Lond.; M.R.C.P., D.P.H. Cantab.

w 1879-80. 1st Year Student, 3rd Coll. Prize.

w 1880-1. 2nd Year Student, 3rd Coll. Prize.

w 1882-3. 4th Year, the Mead Medal.

H.S., A.H.S., H.P., A.H.P., R.A.

CALVERT, J.T. Surg.-Capt. Bengal Army. M.B. Lond.; D.P.H.

CAMERON, C. H. H. Kolassy House, Old Town, Eastbourne. D.P.H.

R.A.

CAMERON, W. J. Ellerslie, Balham Park Road. M.B. Lond.

CANN, R. T. 20, Tavistock Place, Plymouth.

s 1882. 2nd Year Student, 1st Coll. Prize.

s 1883. 3rd Year Student, 2nd Coll. Prize.

CANNOCK, C.W. Shefford, Beds.

CAREY, B. de B. Hirzel House, Guernsey. M.A., M.B. Cantab.

- CARPENTER, A. B. Wykeham House, Bedford Park, Croydon, Surrey. M.A., M.B. Oxon. H.P., A.H.P., H.S.
- CARPENTER, E. Trevathan, Albe-marle Road, Beckenham, Kent.
- CARPENTER, G. 12, Welbeck Street, Cavendish Square. M.D. Lond.; M.R.C.P.  
w 1880-1. 1st Year Student, 3rd Coll. Prize.  
s 1881. 1st Coll. Prize.  
w 1881-2. 2nd Year Student, 3rd Coll. Prize;  
Prosector's Prize.
- CARPENTER, J. W. Goudhurst, Kent. M.D. St. And.
- CARR-WHITE, P. Surg.-Capt. Madras Army. M.B., C.M. Edin.
- CARSTAIRS, H. J. Chiswell Lodge, Worcester Park, Surrey. Clin. Asst. Throat Dept.
- CARTER, A. W. M.B., C.M. Edin.
- CARTER, J. 30, Petty Cury, Cambridge (retired). F.R.C.S.
- CARTER, W. 78, Rodney Street, Liverpool. M.D., B.Sc., L.L.B., F.R.C.P. Lond.; F.R.C.S.I.
- CARTER, W. R. 25, High Street, Warwick. M.A., M.B., B.C. Cantab. S.O.C., R.A.
- CARVER, J. R. The Hollies, Marple, Stockport.
- CASTLE, H. 31, Portland Terr., Newport, I.W. M.B. Lond.  
w 1874-5. 1st Year Student, 2nd Coll. Prize.  
s 1875. 3rd College Prize.  
w 1876-7. Physical Society's 3rd Year's Prize.  
H.S., A.H.S., R.A.
- CAUDLE, A. W. W. Henfield, Sussex. 1858. Clinical Medicine, Prize.
- CAUDLE, C. E. Nazira, Assam, India.
- CAUDWELL, E. Harleston, Norfolk.
- CAVE-BROWN-CAVE, H. W. Lifford Hall, King's Norton, Worc.
- CHABOT, F. The Poplars, Camberwell Road.
- CHAFFERS, E. Broomfield, Keighley, Yorks. F.R.C.S.
- CHALDECOTT, C. W. Nower Lodge, Dorking, Surrey.  
1849. Materia Medica, 2nd Prize;  
1st Year Student, Scholarship.  
1850. Surgery, Prize.  
1851. Physiology, Prize;  
Physical Society's Essay, Treasurer's Prize;  
General Proficiency, Treasurer's Silver Medal.
- CHALDECOTT, H. Rose Hill House, Dorking, Surrey.
- CHALDECOTT, J. H. 401, Old Kent Road.
- CHANCE, R. F. Wrydelands, Leatherhead, Surrey.  
Jun. and Sen. Obst., H.P.
- CHAPMAN, G. W.
- CHARPENTIER, A. Rathmines House, Uxbridge, Middx. M.D. Durh.  
1882-3. 4th Year, The Mead Medal Exam., Special Mention.
- CHARSLEY, R. S. The Barn, Slough, Bucks.
- CHEVERS, H. L. G. Surg.-Capt. Army.
- CHISHOLM, M. Halifax, Nova Scotia, Canada.
- CHURCHILL, F. 4, Cranley Gardens, Queen's Gate. M.D., C.M. Edin.; F.R.C.S.  
Late Surg. Registr.
- CLAPTON, E. 23, St. Thomas's Street, S.E., and Towercroft, Lee. M.D., F.R.C.P., F.R.C.S. Physician to the Magdalen Hospital.  
1855. 1st Year Student, 1st Scholarship;  
Descriptive Anatomy Prize;  
Chemistry, Prize.  
1852. 2nd Year Student, Scholarship;  
Physiology, Prize;  
Materia Medica, Prize;  
Botany, Prize.  
1853. 3rd Year Student, Scholarship;  
Clinical Medicine, Treasurer's Prize;  
Physical Society's Essay, Treasurer's Prize.  
1854. Ophthalmic Reports, Governor's Prize;  
Clinical Medicine, Mr. N. Smith's Prize.  
Late Physician to, and Lecturer on Materia Medica at St. Thomas's Hospital.
- CLAPTON, W. 27, Queen Street, E.C., and The Firs, Harlesden, N.W. F.R.C.S.  
1855. Materia Medica, Prize.  
1856. Clinical Medicine, Prize.
- CLARK, F. 13, Fenchurch St.
- CLARK, J. H. Goshen, St. Elizabeth, Jamaica. M.R.C.P. Edin.  
1867. 2nd Year Student, Physical Society's 2nd Year's Prize.
- CLARK, W. 20, Gatestone Park, Upper Norwood (retired).
- CLARKE, A. Stock, Ingatestone, Essex.
- CLARKE, J. M. 28, Pembroke Road, Clifton, Bristol. M.A., M.D. Cantab., M.R.C.P. Physn. and Pathol. Bristol Gen. Hosp., Lect. on Pract. Physiol. Bristol Med. Sch.  
H.P.



- CLARKE, J. T.
- CLARKSON, F. C. Surg.-Capt. Bengal Army.
- CLARKSON, J. W. Surg.-Maj. Bombay Army.
- CLEAVER, H. A. Rozelle, St. Helen's Road, Hastings.
- CLEAVER, J. C. C. Port of Spain, Trinidad, West Indies.
- CLEAVER, W. F. Hayle, Cornwall.
- CLEGHORN, G. Blenheim, Marlbor'gh, New Zealand.
- CLEMENTS, W. H.
- CLEVE, R. P. Temple Chambers, Victoria Embankment. H.S., R.A.
- CLIFTON, G. 48, London Road, and 7, Bowling Green Street, Leicester.
- CLOWES, J. P. Asst. Med. Off. Co. Asyl., Prestwich, Manchester.
- CLUTTON, H. H. 2, Portland Place, W. M.A., M.B. Cantab.; F.R.C.S. Surgeon to, and Lect. on Surgery at, St. Thomas's Hospital. Late Res. Asst. Surg. and Surg. Reg.
- COAD, J. E. Surg. R.N. M.B. Durh.
- COATES, W. H. Hucknall Torkard, Notts.
- COBBETT, L. 2, Round Church St., Cambridge. M.A., M.B. Cantab.; F.R.C.S.; Demonstr. of Pathol. Univ. Camb. H.S., A.H.S., H.P.
- COCKELL, F. E., Jun. Holly Lodge, Forest Road, Dalston. Merchant Taylors' Scholar.
- COGHILL, H. Asst. Med. Off. Western Fever Hosp., Fulham, S.W.
- COGLAN, W. B. 344, Oxford Road, and 26, King Street, Manchester. M.A., M.D., Q.U.I.
- COLBY, G. Brawby Park, Pickering, Yorks.
- COLBY, W. T. The Mount, Malton, Yorks. M.D. St. And.; J. P.
- COLEMAN, P. House Surg. Essex and Colchester Hosp., Colchester.
- COLLCUTT, A.M. Acton House, East Sheen. M.A., M.B., B.C. Cantab.
- COLLIER, H. 12, Regent Rd., Gt. Yarmouth. M.D. Brux.
- COLLIER, M. P. M. 133, Harley St., Cavendish Sq. M.S., M.B. Lond.; F.R.C.S.; Demonstr. of Anat. Lond. Hosp. Med. Coll. H.S., A.H.S., A.H.P.
- COLMAN, G. M. H. Surg.-Capt. Army. M.A., M.B. Cantab.
- COLSTON, J. 189, Mill Road, Cambridge.
- CONNER, J. R. T. 413, Kingsland Road, N.E. B.A.R.U.I., M.D., M.Ch.
- COOK, P. I. M.D. Brux.
- COOK, R. Leiston, Suffolk. M.D. Glasg.
- COOK, S.B. Doris, Ellington Road, Ramsgate. B.A. Cape of Good Hope; M.D. Lond. s 1883. 1st Year Student, 2nd Coll. Prize. A.H.S., A.H.P., Clin. Asst. Skin Dept.
- COOKE, C. W. 10, Cranleigh Villas, Walm Lane, Willesden Green. M.D. Lond., Merchant Taylors' Scholar. w 1883-4. 1st Year Student, 1st Entrance Science Scholarship. H.P., A.H.S., Clin. Asst. Throat Dept.
- COOKE, J. Tettenhall, Wolverhampton. M.B. Lond.; F.R.C.S. 1855. Comparative Anatomy, Prize.
- COOKE, J. B. Asst. Surg. H.M. Con. Prison, Parkhurst, I.W.
- COOMBE, A. T. 81, Clarendon Rd., Notting Hill.
- COOMBE, C. F. 459, Crookes Moor Road, Sheffield.
- COOPER, G. F. Pisagua, Chili, South America. M.B., B.S. Lond. H.S., A.H.S., A.H.P., R.A.
- COOPER, H. J. Southwood, 36, Birdhurst Road, South Croydon, Surrey. M.A., M.B., B.C. Cantab. H.P., Clin. Asst. Ear and Skin Depts.
- COOPER, H. S. Brightlingsea, Essex. s 1887. 2nd Year Student, 2nd Coll. Prize.
- COOPER-PATTIN, W. H. Jesus College, Cambridge. M.A., M.B., B.C., D.P.H. Cantab. Med. Off. Health Norwich.
- COPELAND, W. H. L. 59, Warwick Road, Earl's Court. M.A., M.B., B.C. Cantab. H.P.
- COPEMAN, S. M. Local Govt. Bd., Whitehall. M.A., M.D. Cantab.; M.R.C.P., D.P.H. Late Demonstrator of Physiology and Morbid Histology.

- CORBETT, T. Impney, Droitwich, Worc.
- CORBIN, E. K. 9, Saumarez Street, St. Peter Port, Guernsey.
- CORBIN, M. A. B. 9, Saumarez Street, S. Peter Port, Guernsey. F.R.C.S. 1834. Cheselden Medal.
- CORY, I. R. Shere, Guildford, Surrey.
- CORY, R. 73, Lambeth Palace Road. M.A., M.D. Cantab., F.R.C.P., Asst. Obst. Phys., Joint Lect. on For. Med. 1870. Physical Society's 3rd Year's Prize. H.S.
- CORNEY, B. G. Suva, Fiji.
- COULTER, W. Calcutta, India. M.D., M.Ch.Q.U.I.
- COUSINS, J. W. Riversdale, Kent Rd., Southsea. M.D. Lond.; F.R.C.S., J. P. 1855. Surgery, Prize; Midwifery, Prize. 1856. Clinical Medicine, Prize; Surgery and Surgical Anatomy, Cheselden Medal.
- COWARD, R. C. (travelling).
- COWELL, A. R. 39, Tanza Road, Parliament Hill Road, Hampstead. M.A., M.B., B.C. Cantab.
- COWEN, E. I. Lynmouth Villa, 498, Caledonian Road.
- COWEN, P. 47, Ingleby Road, Upper Holloway. M.D. Durh.; D.P.H. 1862. 1st Year Student, 2nd Coll. Prize. 1863. 2nd Year Student, 2nd Coll. Prize. 1864. 3rd Year Student, 2nd Coll. Prize.
- COWEN, T. P. 47, Ingleby Road, Upper Holloway. M.D., B.S. Lond. w 1884-5. 1st Year Student, Half 1st and 2nd Coll. Prizes. s 1885. 1st Year Student, 2nd Coll. Prize. w 1885-6. 2nd Year Student, 1st Coll. Prize. s 1886. 2nd Year Student, 1st Coll. Prize. w 1886-7. 3rd Year Student, 2nd Coll. Prize. H.P., H.S., A.H.S., Clin. Asst. Ear Dept.
- COX, A. E. 36, Hoghton Street, Southport. M.B., C.M. Edin
- COX, A. E. 58, High St., Watford, and 78, Queen's Rd., Watford, Herts.
- COX, J. L. C. Kingston, Jamaica.
- COXWELL, C. F. Brighton, Melbourne, Australia. 1880. 4th Year Student, the Mead Medal.
- CRANSTOUN, C. B. 15, Broad St., Ludlow, Salop. M.B. Durh.
- CRANSTOUN, G. 3, Brand Lane, Ludlow, Salop. M.B. Durh.
- CREIGHTON, C. 28, Gt. Ormond St., W.C. M.A., M.D., C.M. Aberd.; M.A. Cantab. Late Surg. Registr.
- CREIGHTON, E. Tankerville House, Greyhound Lane, Streatham Common, S.W.
- CRICK, A. 120, Brixton Hill, S.W.
- CRICK, S. A. Junior Army and Navy Club, St. James's. M.B., M.S. Durh. w 1875-6. Prosector's Prize. w 1876-7. 3rd Year Student, 3rd Coll. Prize. H.P., A.H.P., A.H.S.
- CRICK, W. T.
- CRISP, E. H. The Lawns, Balham Hill, and 23, Fenchurch Street. B.A. Cantab. Clin. Asst. Skin, Throat, and Ear Depts., Asst. Phys. Lab. and Asst. to Teacher of Pract. Surg.
- CRISP, T. 26, Beaufort St., Chelsea. M.B. Lond.
- CROFT, J. 6, Mansfield Street, Cavendish Square, F.R.C.S., Consulting Surgeon St. Thomas's Hospital. Late Member of Council Royal College of Surgeons. Late Special Lecturer on Clinical Surgery, Lecturer on Practical Surgery, and Assistant Demonstrator of Anatomy at St. Thomas's Hospital. Late Examiner in Surgery, University of Durham.
- CROSBY, H. T. 19, Gordon Sq., W.C., and 13, Fenchurch St. M.A., M.B., B.C. Cantab.
- CROSBY, T. B. 19, Gordon Sq., W.C., and 13, Fenchurch Street. M.D. St. And.; F.R.C.S. 1851. Physiology, Prize; Descriptive Anatomy, Prize; Medicine, Prize; Surgery, Prize. 1852. Physiology, Prize; Forensic Medicine, Prize; Practical Chemistry, Prize; Surgery and Surgical Anatomy, Bronze Cheselden Medal; Comparative Anatomy, Prize. H.S. and Demonstr. of Anat.
- CROSS, E. J. D.P.H. Cantab.
- CROSS, G. Asst. House Surg. Gen. Infirm. Sheffield.
- CROSS, J.
- CROSSKEY, R. 28, Bromley Grove, Shortlands, Kent. M.A. Cantab.; D.P.H.
- CROSSMAN, J. 331, Wandsworth Rd. M.D. Durh. 1871. Physical Society's 1st Year's Prize. 1872. Physical Society's 2nd Year's Prize. 1873. Physical Society's 3rd Year's Prize. H.S.

- CROUCHER, H. The Limes, 320 Dartford Road, Dartford, Kent (retired).
- CROUDACE, J. H. 23, Marston Road, Stafford.
- CROWDY, F. D. 1, Higher Terrace, Torquay. M.A., M.D. Oxon.  
w 1884-5. 4th Year Student, the Mead Medal.
- H.S., H.P.
- CROXFORD, W. C. Havelock House, Park Road, Peterborough.
- CUFF, A. W. Range More, Millington. B.A. Cantab.
- CULLINGWORTH, C. J. 46, Brook Street, Grosvenor Square. M.D., Hon. D.C.L. Durh.; F.R.C.P.; Obst. Phys. and Lect. on Midw. and Dis. of Women, St. Thomas's Hospital.
- DALES, W. 254, St. Phillip's Road, Sheffield.
- DANIEL, R.N. 6, Leyland Road, Lee.
- DANVERS, H. St. George's Club, W.
- DARKER, G. F. 21, Palace Square, Upper Norwood.
- DARTER, G. B. S. Myrtle House, Cape Town. M.B., B.S. Durh.
- DAVIDSON, A. D. 9, Picton Place, St. Helen's Road, Swansea. M.A., M.D. Cantab.  
Ophth. Asst.
- DAVIES, A. O. Penralt, Machynlleth, Montg. Med. Off. Health Machynlleth.
- DAVIES, D. Aberceri, Newcastle Emlyn, Carm.
- DAVIES, D. S. Public Health Offices, 40, Prince Street, Bristol, and 60, Oakfield Road, Clifton. (Not in private practice.) M.B., M.D. (State Med.) Lond.; D.P.H. Cantab.  
1875-6. Physical Society's 1st Year's Prize.  
H.S., A.H.S., A.H.P.
- DAVIS, E. H. West Hartlepool. R.A.
- DAVIS, G. W. Sunnyside, Main Road, Sidcup, Kent. M.D., B.S. Durh.
- DAVIS, R. Oakleigh, Epsom, Surrey.
- DAY, E. J. Dorchester. Med. Off. Health Dorchester.
- DAY, W. H. Surrey Street, Norwich.
- DEANE, E. The Poplars, Blakesley, Towcester, Northants.
- DE CAUX, H. L. The Eagles, Gregory Boulevard, Nottingham.
- DECK, J. F. Ashfield, Sydney, N.S. Wales. M.D. St. And.  
1860. 1st Year Student, 1st Coll. Prize.  
1861. 2nd Year Student, 1st Coll. Prize; Physical Society's Prize.  
1862. 3rd Year Student, 1st Coll. Prize; Physical Society's Prize; Cheselden Medal; Treasurer's Gold Medal.
- DE GRUCHY, C. W. Caerleon, Monmouthsh.
- DE JERSEY, W. B. 94, Finchley Rd., South Hampstead. B.A., M.B., B.C. Cantab.  
H.P., A.H.P., Clin. Asst. Ear Dept.
- DE LOM, H. A. Surg.-Capt. Army.
- DENNE, T. V. de. Cradley Heath, Staffordsh.
- DEWES, F. J. Surg.-Capt. Madras Army.
- DE WET, P. C. Pretoria, Transvaal, S. Africa.
- DEWHURST, J. H. Chipping Campden, Glouc. M.A., M.B., B.C. Cantab.  
H.S., A.H.S.
- DE WOLFSON, L. E. G. 26, St. John's Hill, Shrewsbury.
- DICKINSON, W. G. Thanet Lodge, Southfields, Wandsworth. D.P.H.
- DICKSON, H. A. King's-Somborne, Stockbridge.
- DICKSON, T. H. Custom House, Lr. Thames St., and 32, Belvedere Rd., Upp. Norwood. M.A., M.B., B.C. Cantab.  
H.P., A.H.P., Clin. Asst. Throat Dept.
- DIXON, H. L. Asst. Med. Off. Co. Asyl. Lancaster. M.A., M.B., B.C., D.P.H. Cantab.
- DIXON, J. Harrow Lands, Dorking, Surrey. F.R.C.S., Cons. Surg. Roy. Lond. Ophth. Hosp.  
Late Asst. Surg. St. Thos. Hosp.
- DOBSON, A. Holbeach, Linc.
- DOBSON, N. C. 27, Victoria Square, Clifton, Bristol. F.R.C.S., Lect. on Surg. Bristol Med. Sch., Prof. Surg. Bristol Univ. Coll., Cons. Surg. Bristol Gen. Hosp.  
1865. 1st Year Student, 1st Coll. Prize.  
1866. 2nd Year Student, 1st Coll. Prize.  
1867. 3rd Year Student, 2nd Coll. Prize; A Prize and Hon. Cert. for Proficiency in Surgery and Surgical Anatomy at the Cheselden Medal Examination; Treasurer's Gold Medal.  
H.S.

- DODD, G. H. 2, Lily Mount, Bradford, Yorks. B.A. Cantab.
- DONKIN, H. B. 108, Harley St., Cavendish Sq. M.A., M.D. Oxon.; F.R.C.P.
- DORMAN, M.R.P. 201, Victoria St., S.W. M.A., M.B., B.C., D.P.H. Cantab.  
H.P., Clin. Asst. Throat Dept.
- DOUBLEDAY, J. Milford, Godalming, Surrey (retired).
- DOUDNEY, G. H. St. Lawrence, Wainfleet, Linc. M.B. Durh.
- DOUGLAS, A. L. 48, Croxteth Rd., Sefton Park, Liverpool.
- DRAKE, A. J. Stratford.  
1870. 3rd Year Student, 1st Coll. Prize.  
H.S., R.A.
- DRAKE, C. H. Brixton Hill.  
1858. 2nd Year Student, Treasurer's 1st Prize;  
Clinical Medicine, 2nd Prize.  
1859. Surgery and Surgical Anatomy, Cheselden Medal;  
General Proficiency, Treasurer's Medal.  
H.S.
- DRAKE, T. Red House, Winchester.  
1858. 2nd Year Student, Treasurer's 1st Prize.  
1859. 2nd Year Student, President's Prize.  
1860. 3rd Year, 1st Coll. Prize;  
Surgery and Surgical Anatomy, Cheselden Medal;  
General Proficiency, Treasurer's Medal.
- DRAKE, W. E. Red House, Winchester. M.A., M.B., B.C. Cantab.
- DREAPER, J. B. Parwich, Ashbourne, Derbyshire.
- DRESSER, A. K. 60, Manor Park Rd., Harlesden.
- DRINKWATER, T. W. Chemical Laboratory, 31, Chambers St., Edinburgh. Lect. on Chem. Sch. of Med. Edin.; Exam. in Chem. and Pub. Health R.C.S. Edin.
- DUFF, J. 5, Abbey St., Abbey Sq., Chester. M.D., C.M. Glasg.; M.R.C.P.  
Clin. Asst. Throat Dept.
- DUKES, C. Sunnyside, Rugby, Warwickshire. M.D., B.S. Lond., M.R.C.P., J.P.; Physician to Rugby School, and Senior Physician to Rugby Hospital.  
H.S.
- DUKES, T. A. 16, Wellesley Rd., Croydon, Surrey. M.B., B.Sc. Lond. H.P.
- DUMERGUE, H. W. 88, Victoria St., Westminster. M.A., M.D., B.C. Cantab.
- DUNCAN, H. Shaftesbury Mansion, 52, Shaftesbury Avenue, W., and 8, Henrietta St., Covent Gdn. B.A. Cantab., M.B. Lond.  
w 1882-3. 1st Year Student, 1st Entrance Science Scholarship, 1st Coll. Prize.  
w 1883-4. 2nd Year Student, Prosector's Prize.
- DUNCAN, W. 6, Harley St., Cavendish Sq. M.R.C.P. Lond., M.D. Brux., F.R.C.S.; Obstetric Physician to, and Lecturer on Obstetric Medicine and Practical Midwifery at, Middlesex Hospital. Obstetric Physician, Royal Hospital for Women and Children. Examiner in Midwifery, Examining Board in England.  
w 1876-7. 1st Year Student, The William Tite Scholarship.  
s 1877. 1st Coll. Prize.  
w 1877-8. 2nd Year Student, The Musgrove Scholarship;  
2nd Year Physical Society's Prize.  
s 1878. 1st Coll. Prize.  
w 1878-9. 2nd Tenure Musgrove Scholarship; 1st Coll. Prize;  
3rd Year Physical Society's Prize;  
Grainger Testimonial Prize.  
1880. 4th Year Student, The Cheselden Medal;  
The Treasurer's Medal.  
w 1881-2. The Solly Medal and Prize.  
H.S., R.A.
- DUNN, E. D. New Zealand.
- DUNN, J. E. 24, Stephenson Terr., Preston, Lanc.
- DURANT, R. J. A. Surg.-Capt. Army.
- DURRANT, T. A. Northampton Rd., Market Harborough, Leic.  
Clin. Asst. Skin Dept.
- DURSTON, J. C. 67D, Upper Tulse Hill, S.W.
- DUTTON, A. S.
- DYKE, T. J. Merthyr-Tydvil. F.R.C.S.
- EARLE, H. E. L. Surg. R.N.
- EASTON, T. Hanover House, Stranraer, Wigtownshire. M.A., M.D., C.M. Edin.

- ECCLES, C. H. Nether Penn,  
Nafferton, Yorks.  
w 1884-5. 2nd Year Student, 1st Coll. Prize.  
s 1885. 2nd Year Student, 1st Coll. Prize.  
w 1885-6. 3rd Year Student, 1st Coll. Prize.  
1886. 3rd Year Student, 1st Coll. Prize.  
H.P.
- ECCLES, R. B. Great Driffield, Yorks.
- EDDOWES, J. H. Burleigh Fields,  
Loughborough, Leic. M.D. Glasg.  
1843. Comparative Anatomy, Prize.  
1844. Clinical Medical Reports, Silver  
Medal.  
1845. Clinical Medicine, Prize.
- EDDOWES, W. D. Stamford, Linc.  
Cons Surg. Stamford Infirm.  
1845. Descriptive and Surgical Anatomy,  
Prize.
- EDDOWES, W. D., Jun. Stamford,  
Linc.
- EDGE, F. Oakfield, Compton Road,  
Wolverhampton. M.D., B.S., B.Sc.  
Lond.; F.R.C.S., M.R.C.P.
- EDISS, G. N.
- EDMONDS, G. C. Manor House,  
Manor Park, Streatham.
- EDMUNDS, W. 75, Lambeth Palace  
Road. M.A., M.B., M.C. Cantab.;  
F.R.C.S. Res. Med. Off. St. Thos.  
Home.  
H.P., R.A.
- EDWARDS, F. W. Camp Field, Over-  
hill Road, Forest Hill.
- EDWARDS, V. The Villa, Shottisham,  
Woodbridge, Suffolk (retired).
- ELLIOTT, J. W. 5, Manor Road,  
Forest Hill (retired).  
Late Surg. Dentist.
- ELLIS, H. H. Claremont Studio, St.  
Mary's Terrace, Paddington.
- ELLIS, J. Coburg Street, Fratton,  
Portsmouth, and Anaheim, Los  
Angeles Co., California. M.D. Brux.;  
M.R.C.P.I.  
H.S.
- ELLIS, R. K. M.B., B.Ch. Oxon.  
Jun. and Sen. Obst. H.P.
- ELLIS, W. C. Tollerton, Easingwold,  
Yorks.
- ELWIN, C. J. 6, City Road, E.C.
- EMBLETON, D. 19, Claremont Place,  
Newcastle-on-Tyne. M.D. Durh.,  
M.D. Pisa, F.R.C.P. Cons. Phys.  
Newc. Ry. Infirm.
- EMIN, M. 18, Leinster Square, Bays-  
water. M.B., C.M. Edin.
- EMSON, A. Dorchester.
- ENGLAND, G. F. A. 12, Southgate  
Street, Winchester. B.A., M.D.,  
B.C. Cantab.
- ETHERIDGE, C. Seasalter, Whitstable,  
Kent.
- EVANS, C. S. Shaftesbury, Dorset.  
M.A., M.B., B.C. Cantab.  
H.P., A.H.P., A.H.S.
- EVANS, J. T. M.D. St. And.
- EVE, R. W. 101, Lewisham High  
Road. M.B. Aberd.
- EVELYN, W. A. 3, Museum Street,  
York. M.A., M.D. Cantab.
- FAIRBANK, J. 18, George Street,  
Hanover Square, W. Dent. Surg. and  
Lect. on Dent. Surg. Char. Cross  
Hosp.  
1866. 2nd Year Student, Prosector's Prize.
- FARRANT, S. North Street House,  
Taunton.
- FARROW, S. Ingham, Lincoln (retired).
- FAWSSETT, F. 83, High Street, Lewes,  
Sussex. M.B., B.S. Lond.  
w 1883-4. 1st Year Student, 2nd Entrance  
Science Scholarship. The  
William Tite Scholarship.  
s 1884. 1st Year Student, 1st Coll. Prize.  
w 1884-5. 2nd Year Student, The Musgrove  
Scholarship.  
w 1885-6. 3rd Year Student, 2nd tenure of  
Musgrove Scholarship, with 3rd  
Coll. Prize.  
w 1886-7. 4th Year Student, The Cheselden  
Medal, Treasurer's Gold Medal.  
R.A., H.S., A.H.S.
- FAWSSETT, R. Fairlight, Hampton  
Wick, Middlesex.
- FELL, W. Wellington, New Zealand.  
M.B. Oxon.  
H.P., A.H.P., A.H.S., R.A.
- FENTON, H. A. H. 1, Cumberland  
Street, S.W. M.D. Brux.  
w 1875-6. 1st Entrance Science Scholarship.  
s 1876. 1st Year Student, 1st Coll. Prize.
- FENWICK, P. C. 29, Harley Street.
- FERNANDES, A. S. Bangalore, India.  
M.R.C.P. Edin.
- FERNIE, W. T. The Nook, Great  
Malvern. M.D. Durham.  
R.A.
- FIELDING, J. Bethel Street, Norwich.  
M.D. Vict. Univ. Canada.  
R.A.
- FINCHAM, W. S. 53, Kew Bridge Rd.,  
Brentford, Middlx.



- FINUCANE, M. I. Bathurst, Gambia, W. Africa.
- FISH, C. E. B.A., M.B., B.C. Cantab.
- FISHER, J. B.A., M.B., B.C. Cantab. Ophth. H.S.
- FISHER, J. H. St. Thomas's Hosp. F.R.C.S.  
 w 1887-8. 1st Year Student, The William Tite Scholarship.  
 s 1888. 1st Year Student, 1st Coll. Prize.  
 w 1888-9. 2nd Year Student, The Musgrove Scholarship.  
 w 1889-90. 3rd Year Student, 2nd tenure of Musgrove Scholarship, with 1st Coll. Prize.  
 s 1890. 3rd Year Student, 1st Coll. Prize.  
 w 1890-1. 4th Year Student; Treasurer's Gold Medal.  
 Sen. and Jun. Obst. H.P., H.S., A.H.S., Clin. Asst. Ear Dept., Ophth. H.S., Demonstr. of Pract. Surg.
- FISHER, T. Gt. Eccleston, Garstang, Lanc. Med. Off. Health Garstang.  
 s 1873. 2nd Year Student, 2nd Coll. Prize.  
 w 1874. 2nd Year Student, 3rd Coll. Prize.  
 w 1875. 3rd Year Student, Surgery and Surgical Anatomy, Prize.
- FISHER, T. E. H. The Retreat, Eglantine Rd., Wandsworth.
- FITZGERALD, G. C. Med. Superint. Kent Co. Asyl., Chartham Down, Canterbury. M.D., B.C. Cantab.
- FITZ-HENRY, G. W. Littleton, New Zealand.
- FLETCHER, G. Soham House, 60, Southwood Lane, Highgate. B.A., M.D. Cantab.
- FLETCHER, T. B. E. 8, Clarendon Cresc., Leamington (retired). B.L. Paris; M.D., F.R.C.P., J.P., Cons. Phys. Birm. Gen. Hosp.
- FLOYER, F. A. Mortimer, Berks. B.A., M.B. Cantab.  
 Demonstr. of Pract. Surg.
- FOLEY, C. N. Beechcroft, Tyson Rd., Forest Hill.
- FOOKS, W. P. Grove Place, Crayford, Kent. M.A., M.B., B.C. Cantab. H.P.
- FOOTNER, E. Brig. Surg. Army (retired). M.D., C.M. Aberd.
- FORD, A. V. South View Lodge, Kent Rd., Southsea.
- FORDE, T. A. M. 49, Park Road, West Dulwich.  
 H.S., A.H.S., Clin. Asst. Skin and Throat Depts.
- FORT, T. Falcon House, King St., and 31, Rochdale Rd., Oldham.
- FORWARD, F. E. Antigua, W. Indies. H.P., Ophth. H.S.
- FOURACRE, R. P. 20, Tollington Park, N.
- FOWLER, F. Minchinhampton, Stroud, Glouc.
- FOWLER, REV. J. T. Bp. Hatfield's Hall, Durham, and Winterton, Doncaster (retired). M.A. Durh. H.S.
- FOXWELL, A. 7, Newhall St., Birmingham, and Northfield Grange, Birmingham. B.A. Lond.; M.A., M.D. Cantab.; F.R.C.P.
- FRANCIS, G. P. The Bulwark, Brecon.
- FRANKLIN, G. C. 39, London Rd., Leicester. F.R.C.S. H.S., R.A.
- FRASER, H. Inverness Lodge, Roehampton Park.
- FREDERICK, H. J. Kornthal, Sidcup, Kent.  
 Clin. Asst. Throat and Ear Depts.
- FREEMAN, A. J. 46, Brook St., and San Remo, Italy. M.D. Aberd.  
 Late Asst. Res. Med. Off.
- FREEMAN, D. 218, Marylebone Rd., W.  
 1859. Clinical Medicine, Prize.
- FREEMAN, E. C. Surg.-Capt. Army.
- FREEMAN, W. H. 21, St. George's Square, S.W. (retired).
- FROHWEIN, O. F. 93, Queen St., Portsea.
- FULLERTON, F. W. M.B., B.S. Durh.
- FURNIVAL, F. H. Mornington, Victoria, Australia.  
 w 1878-9. 1st Year Student; The Wm. Tite Scholarship.
- FYSON, R. Newmarket, Cambs.
- GARDENER, W. F. Darley House, Venner Road, Sydenham.
- GARTON, W. Inglewood, Aughton, Ormskirk. M.D., C.M. Edin.; F.R.C.S.  
 1870. 2nd Year Student, 2nd Coll. Prize; Physical Society's 2nd Year's Prize.  
 1871. Physical Society's 3rd Year's Prize. H.P., H.S., R.A.
- GEDGE, A. S. Asst. Med. Off. Co. Asyl., Maidstone, Kent.
- GEOGHEGAN, E. T., Heppner, Oregon, U.S.A.

GEORGE, A. W. I, Burton Road, Bron-desbury. M.B., C.M. Edin.

GEORGE, C. F. Kirton-in-Lindsey, Linc.  
1856. 2nd Year Student, Dr. Root's Prize.  
1857. Surgery and Surgical Anatomy, Cheselden Medal.  
H.S.

GEORGE, H. Calgary, Alberta, Canada. M.D. St. And.

GERVIS, A. F. I, Queen's Crescent, Haverstock Hill.

GERVIS, F. H. I, Fellows Road, Haverstock Hill.  
1861. 1st Matriculation Scholarship—Coll. Prize, 2nd College Prize.  
1862. 2nd Year Student, 1st Coll. Prize.  
H.S., R.A.

GERVIS, H. 40, Harley Street, W., and The Beeches, Cowley, Uxbridge. M.D. Lond., F.R.C.P. Consulting Obstetric Physician to St. Thomas's Hospital, and to the Royal Maternity Charity.  
1856. 1st Year Student, Trea. 1st Prize; Matriculation Examination, Physics, &c., Prize.  
1857. 2nd Year Student, President's Prize; Physical Society's Essay, Prize.  
1858. Clinical Assistant (Medicine), 2nd Prize; Physical Society's Essay, Prize; General Proficiency, Trea. Medal.  
Late Examiner in Obstetric Medicine at the University of Cambridge and the Royal College of Physicians. Late Lecturer on Midwifery and Diseases of Women and Children at St. Thomas's Hospital.

GERVIS, H. Windhill Place, Bishops Stortford, Herts. M.A., M.B., B.C. Cantab.  
H.S., A.H.S., R.A.

GIBBS, A. N. G. 52, Whiteladies Road, Clifton, Bristol.

GIBSON, W. A. Rockforest, Roscrea, Co. Tipperary.

GILBERT, H. P. c/o A. B. Gilbert, Esq., 4, Eaton Place, Brighton.

GILDER, S. E. A.

GILES, F. W. Chalet Montfleuri, Cannes, France. M.B. Durh.

GILL, J. 75, Pembroke Road, Clifton, Bristol. M.D. Brux.

GILLAM, J. B. Holt, Norfolk. B.A., M.B., B.C. Cantab.

GILLARD, C. R. Montreal, Canada.

GILMOUR, J. H. Hurstbourne-Tarrant, Andover, Hants.

GIMLETTE, G. H. D. Surg.-Major Bengal Army. M.D., M.Ch.Q.U.I. w 1876-7. Physical Society's 3rd Year's Prize.  
H.P., R.A., A.H.S.

GIMLETTE, J. D. Lisbon, Portugal.

GIMLETTE, T. D. Fleet Surg. R.N.

GIRDLESTONE, H. E. 5, Haycroft Road, Brixton.

GODDARD, B. 27, Pentonville Road, and 106, Highbury New Park.

GODDARD, E. North Lynn, 106, Highbury New Park. M.D. Durh.  
1860. Matriculation Examination, Classics, &c., Prize.

GODFREY, A. E. Lansdowne, Woodside Park, North Finchley. M.B. Lond.  
s 1883. 2nd Year Student, 2nd Coll. Prize.  
w 1883-4. 3rd Year Student, 2nd Coll. Prize.  
H.P., A.H.P., R.A.

GODFREY, H. J. C. 7, Manor St., Bridlington Quay, Yorks.

GODFREY, T. H. Stockton-on-Tees. M.D. Durh.; D.P.H. Cantab.

GOLDSMITH, J. Highworth, Worthing, Sussex. M.D. St. And.

GOODDY, E. S. F.R.C.S.  
w 1882-3. 2nd Year Student, 3rd Coll. Prize.  
s 1883. 2nd Year Student, 1st Coll. Prize.  
A.H.S., H.S., A.H.P.

GOODHUE, F. W. J. Halliford, Shepperton.

GORDON, B.

GORNALL, J. G. Ribblesdale, Latchford, Chesh. M.A., M.B., B.C. Cantab.; Asst. Med. Off. Health Warrington.

GORST, H. Huyton, Liverpool.

GOULSTON, A. 2, Homefield Place, Heavitree, Exeter. M.A. Cantab.

GOVER, H. J. Littlebury, Saffron Walden, Essex. M.A., M.B. Cantab.

GOVER, L. D. The General Hospital, Wolverhampton.

GRABHAM, G. W. Wilmer Road, Bradford, Yorks. M.D. Lond.; M.R.C.P.  
1855. Matriculation Scholarship.

GRABHAM, M. Barbados, W. Indies. M.B., B.C. Cantab.

GRABHAM, M. C. Madeira. M.D. F.R.C.P. Aberd.  
H.S.

- GRANT, J. W. G. Alcombe, Dunster, Somers.
- GRAYDON, A. 124, Cornwall Road, Notting Hill.
- GREAVES, C. A. 84, Friar Gate, Derby. M.B., LL.B. Lond.; A.A. Oxon.  
1861. 1st Year Student, Treasurer's Prize.  
1862. 2nd Year Student, 2nd Coll. Prize; Physical Society's Prize.  
1863. 3rd Year Student, 1st Coll. Prize; Physical Society's Prize; Cheselden Medal.  
H.S., R.A.
- GREEN, A. 1, Walker Terr., Gatehead-on-Tyne. M.B. Durh.
- GREEN, C. D. Addison House, Upper Edmonton. M.D., B.S. Lond.; F.R.C.S. Eng.  
w 1879-80. 1st Year Student, The Wm. Tite Scholarship.  
s 1880. 3rd Coll. Prize.  
w 1880-1. 1st Coll. Prize.  
s 1882. 1st Coll. Prize.  
H.S., A.H.S., H.P., R.A.
- GREEN, E. C. 27, Friar Gate, Derby.
- GREENE, F. W. Isipingo, Durban, Natal.
- GREENFIELD, W. S. 7, Heriot Row, Edinburgh. M.D., F.R.C.P. Lond.; F.R.C.P. Edin.; F.R.S.E.; Prof. of Path. and Clin. Med. Univ. Edin.  
Late Assist. Phys., Med. Registr. and Lect. on Path. Anat. St. Thomas's Hospital.
- GREENWOOD, J. W. Peel House, Hanley, Staffs. M.D. St. And.
- GREGORY, S. Hadfield House, Birchanger Road, South Norwood.
- GRESSWELL, G. Abbey Park, Grimsby, Linc. M.A. Oxon.; B.A. Cape of Good Hope.
- GRIFFITH, A. L. 606, Harrow Road, W. M.D. St. And.
- GRIFFITH, W. S. 4, Bramham Gardens, S.W. M.B., B.C. Cantab.; F.R.C.S.  
H.S., A.H.S., Clin. Asst. Skin Dept.
- GRIFFITHS, F. A. Ingleton, Lancaster, Yorks.
- GRIMBLY, R. (retired).
- GRIMBLY, R. H. Newton Abbott, S. Devon.
- GROOM, T. Whitchurch, Salop (retired). F.R.C.S.
- GROOME, W. W. Stowmarket, Suffolk. B.A., M.B. Cantab.  
H.P., A.H.P.
- GROSE, S. Westbourne, Melksham, Wilts. M.D. St. And.; F.R.C.S.
- GRÜNBAUM, A. S. F. 45, Ladbroke Grove. B.A., M.B., B.C. Cantab.
- GURNEY, H. Stour House, Dovercourt, Essex. Med. Off. Health Harwich.
- GURNEY, R. A. F. Thame, Oxon.  
1851. Practical Midwifery, Prize.
- GWYNN, R. H. Crescent Villa, 8, Bristol Road, Kemp Town, Brighton.
- HAGUE, J. T. 320, Brixton Road, S.W.
- HAGUE, S. 325, Southampton St., Camberwell. LL.B. Lond.; M.D. St. And.  
1863. 1st Year Student, 2nd Coll. Prize. Medical Registrar.
- HAIG, F. M. 2, Warwick Row, Coventry. M.A., M.D., B.C. Cantab. H.P.
- HAIG-BROWN, C. W. Dean Lodge, Godalming, Surrey. M.D., C.M. Aberd. Med. Off. Charterhouse Sch.  
s 1878. 1st Year Student, 2nd Coll. Prize.  
w 1878-9. 2nd Year Student, 2nd Coll. Prize.  
w 1880-1. The Cheselden Medal.  
H.P., A.H.P., H.S., A.H.S.
- HAIRNORTH, E. M. Kirton, St. John's Park, Blackheath. B.Sc. Lond.  
w 1888-9. 1st Year Student, 1st Entrance Science Scholarship.  
s 1889. 1st Year Student, 2nd Coll. Prize.  
w 1890-1. 3rd Year Student, 1st Coll. Prize.  
s 1891. 3rd Year Student, 1st Coll. Prize.  
H.S., A.H.S., H.P.
- HAIRSINE, H. Roose House, Upp. Tooting.
- HALL, J. B. General Infirm., Leeds. M.A., M.B., B.C. Cantab.; Res. Casualty Off. Gen. Infirm. Leeds.
- HALL, J. L. Surg.-Maj. Army.
- HALL, R. D. G. The Lilacs, Arundel Road, Littlehampton, Sussex.
- HALL, R. H. De Grey Lodge, Woodhouse Lane, Leeds. M.A., M.B., B.C. Cantab.
- HALLILAY, R. P. 159, Hyde Park Road, Leeds.
- HALLIWELL, T. O. Dewsbury.
- HAMERTON, G. A. 3, Southampton Street, Covent Gdn. M.D. Brux.; F.R.C.S. Eng.
- HAMMOND, J. H. 11, Winckley St., Preston, Lanc. M.D. Aberd.; M.R.C.P., J.P.  
1850. Medical Cases, President's Prize.

- HANLY, E. Buenos Ayres, Argentine Republic. M.D., M.Ch.Q.U.I.
- HANNAH, F. R. 66, Jackson Road, Holloway.
- HANSON, J. Adelaide, S. Australia.
- HARDING, J. A. Osman House, Fortis Green, E. Finchley.  
 1859. Clinical Medicine, 2nd Prize.  
 1860. Clinical Assistant (Medicine), 1st Prize.
- HARDYMAN, C. E. 110, Queen St., Cardiff. M.D. Durh.; F.R.C.S. H.S.
- HARE, E. H. 46, Weston Park, Crouch End. M.A. Oxon; F.R.C.S. Eng. A.H.P.
- HARFORD-BATTERSBY, C. F. 33, Mornington Road, Bow. M.B., B.C. Cantab.
- HARLEY, J. 9, Stratford Place, W. M.D., F.R.C.P. Lond.; Cons. Phys. St. Thos. Hosp.; Cons. Phys. Lond. Fev. Hosp.
- HARPER, J. R. Bear Street, Barnstaple, Devon.  
 H.S., A.H.S., R.A., S.O.C.
- HARPER, R. 82, Rosendale Road, W. Dulwich (retired). J.P.  
 1845. Physical Society's Essay, Prize; Dresser's Clinical Surgery, Prize.
- HARPER, R. R. Holbeach, Linc.
- HARPER, W. J. The Terrace, Braunton, N. Devon.
- HARRIS, F. A. Surg. Maj. Army.
- HARRIS, H. Trengweath, Redruth, Cornwall. M.D. St. And.; F.R.C.S.
- HARRIS, H. 111, Denmark Hill, S.E.
- HARRIS, J. E. B.A., D. Sc. Lond.  
 w 1887-8. 1st Year Student, 1st Entrance Science Scholarship.
- HARRIS, J. B. Knight's Hill Lodge, West Norwood.
- HARRIS, W. Res. Med. Superint. Norwich City Lunat. Asyl., Hellesdon, Norwich. F.R.C.S., M.R.C.P. Edin.
- HARRIS, W. J. 44, Havelock Road, Hastings.
- HARRIS-BICKFORD, A. Fore Hill, Camborne, and Easton House, Tuckingmill, Cornwall. M.D. St. And.
- HARRISON, A. Coombe Road, Teignmouth, Devon.
- HARTLEY, H. Stone, Staffordsh.
- HARTNOLL, H. T. 35, East Southernhay, Exeter. Med. Off. Health St. Thomas R. District. H.S.
- HARVEY, E. Hamilton, Bermuda, W. Indies.
- HARVEY, S. F. 117A, Queen's Gate, South Kensington.
- HASLAM, J. N. Niel Lodge, Dagnall Pk., Selhurst.
- HASLAM, W. F. 33, Paradise St., Birmingham, and 24, York Road, Edgbaston. F.R.C.S., Demonstr. of Anatomy Mason Coll. Birmingham, Surgeon to the Birmingham General Hospital. Examiner in Elementary Anatomy, Conjoint Board.  
 s 1876. 2nd Year Student, 1st Coll. Prize.  
 w 1877-8. The Cheselden Medal.  
 Demonstrator of Anatomy, H.P., A.H.P., H.S., A.H.S., R.A.
- HATCHETT, F. W. 6, Upper Cheyne Row, Chelsea, S.W.
- HATHAWAY, C. 11, Edward Street, St. Leonards-on-Sea. M.D. Aberd.
- HATHERELL, R. R. Hill Side, Banwell, Somers. M.A. Cantab.
- HATTON, G. S. Hanover House, Newcastle - under - Lyme. M.D., M.S. Durh.  
 w 1876-7. 2nd Year Student, Prosector's Prize.  
 H.P., A.H.P.
- HAVILAND, A. 29, Fairfax Road, Finchley Road.  
 Late Lect. on Geography of Disease.
- HAWKINS, H. P. 109, Harley Street, Cavendish Square. M.A., M.D. Oxon, F.R.C.P., Asst. Phys. to, Demonstr. of Morbid Anatomy and Lecturer on Pathology at, St. Thos. Hosp.  
 w 1882-3. 1st Year Student, The William Tite Scholarship.  
 w 1883-4. 2nd Year Student, The Peacock Scholarship.  
 w 1884-5. 3rd Year Student, 2nd tenure of Peacock Scholarship and 1st Coll. Prize.  
 Res. Asst. Phys., H.P., A.H.P., Radcliffe Travelling Fellow, Oxford, 1886.
- HAWKINS, W. The Vicarage, Abbotsbury, Dorchester.
- HAYDON, T. H. Marlborough. B.A., M.B., B.C. Cantab., Med. Off. Health Marlborough.  
 H.S., A.H.S., Obst. H.P. and Demonstr. of Pract. Surg.
- HAYWARD, J.



- HEATHER, B. G. 47, Tyrwhitt Road, Brockley.
- HEAVEN, J. C. D.P.H., Med. Off. Health Keynsham, Asst. Med. Off. Health Bristol, Lect. on Hygiene S. Kensington, and Demonst. of Hygiene Univ. Coll. Bristol.
- HEELIS, R. 318, Lenton Boulevard, Nottingham. M.D. Durh.  
s 1877. 1st Year Student, 2nd Coll. Prize.  
s 1878. 2nd Year Student, 2nd Coll. Prize.  
A.H.P.
- HEFFERNAN, H. H. The Grove, Caldicot, Mon.  
w 1883-4. 1st Year Student, 2nd Coll. Prize.
- HEFFERNAN, W. H. 98, Broomwood Road, Clapham Common.
- HELISHAM, H. P. Beccles, Suffolk.
- HELISHAM, W. M. Sydney, N. S. Wales.
- HENDERSON, W. D. Fylton, Bristol.
- HENRY, R. 27, West St., Harwich, Essex.
- HENSLOWE, F. W. D. Elm Tree Villa, Dunstable, Beds.
- HENTSCH, J. P. 174, Stockwell Rd., Brixton.
- HERSCHELL, G. 25, Queen Anne St., W.
- HEWAN, J. North Lukimpore, Upp. Assam, India.
- HEWETT, J. W. 85, Lambeth Palace Road.
- HEYGATE, F. N. 5, Oxford Street, Wellingborough.
- HEYGATE, T. Market Harborough, Leicester.
- HEYGATE, W. N. 12, Bennett St. Circus, Bath.  
R.A.
- HEYWOOD, C. C. Irlams-o'-th'-Height, nr. Manchester. M.A., M.B., B.C. Cantab.  
s 1888. 3rd Year Student, 2nd Coll. Prize  
Clin. Asst. Throat Dept.
- HICKS, Rt. Rev. J. W. Bloemfontein, Orange Free State. M.D., F.R.C.P.  
1859. 1st Year Student, Treasurer's 1st Prize.  
1860. 2nd Year Student, 1st Coll. Prize;  
Physical Society's Prize.  
1861. 3rd Year Student, 1st Coll. Prize;  
Physical Society's Prize;  
Cheselden Medal;  
Treasurer's Gold Medal.
- HICKS, T. W. Park House, East Finchley. M.B. Lond.  
H.P., Obst. H.P., Clin. Asst. Throat Dept.
- HIGHTON, T. Green Hill House, Normanton Road, Derby.  
H.P.
- HILDYARD, N. Beechwood, Aldershot.
- HILEY, R. F. 46, Torrington Square.
- HILL, D.P.S. M.B., B.Ch., M.A.O., R.U.I.
- HILL, E. B. Longfleet, Poole, Dorset.  
B.A., M.B., B.C. Cantab.
- HILLIAM, W. P. c/o Capt. Hilliam, Spalding, Linc.
- HILLYER, W. H. Ellerslie, Buckden, Hunts.
- HINNELL, J. S. 62, Garland St., Bury St. Edmund's. B.A., M.D., B.C. Cantab.  
Ophth. Asst.
- HITCHCOCK, H. K. Christowell, Branksome Park, Bournemouth.
- HOAR, C. The Grove, Robertsbridge, Sussex. M.B., C.M. Aberd.
- HOBHOUSE, E. Glenwood Springs, Colorado, U.S.A. M.B., B.Ch. Oxon.  
w 1885-6. 3rd Year Student, 2nd Coll. Prize.  
H.P., A.H.S.
- HOCKRIDGE, T. G. 27, Tysoe St., Wilmington Sq., W.C. M.D., C.M. McGill, Montreal.
- HODGES, H. B. Glenaveril, Knebworth, and Watton Cottage, Watton, Herts.
- HODGES, H. C. Watton, Herts.
- HODGES, R. 358, Camden Road, N. M.D. Aberd.; F.R.C.S.  
1843, Surgical Essay, Silver Medal.
- HODGSON, C. Asst. House Surg. Co. Hosp. York.
- HODGSON, W. Gatefield House, Crewe, Chesh.
- HODSON, T. Ingatestone, Essex.
- HOLBERTON, H. N. Chetwynd, Palace Rd., East Molesey, Surrey.  
w 1876-7. 2nd Entrance Science Scholarship, and 2nd Coll. Prize.  
w 1877-8. 2nd Year Student, 1st Coll. Prize.  
A.H.P.
- HOLDING, C. 121, Victoria St., Westminster.
- HOLDSWORTH, S. Burneytops House, Wakefield. M.D. Pisa; M.R.C.P., J.P.



- HOLLAND, E. W. 16, Duke St., Chelmsford, Essex. B.A. Cantab.
- HOLLOWAY, R. Edgecumbe House, Brockhurst, nr. Gosport.
- HOOPER, J. H. 1, Lesney Park Rd., and 58, Pier Rd., Erith, Kent. M.D., M.S. Lond.; F.R.C.S. 1859. 2nd Year Student, Coll. Prize.
- HOPE, G. 1, Flora Villas, Hanwell, W.
- HORLEY, W. L. Stanboroughs, Hoddesden, Herts. (retired).
- HOUGH, C. H. Full St., Derby.
- HOUGH, J. Trumpington St., Cambridge. F.R.C.S., J.P.
- HOUGHTON, L. Whitwick, and Coalville, Leic.
- HOULGRAVE, A. 23, St. George's Rd., Waterloo, Liverpool.
- HOUNSELL, F. C. W. The Fernery, Chudleigh, S. Devon. B.A. Cantab. Ophth. Asst.
- HOUSE, F. M.
- HOW, A. B. Stradbroke, Wickham Market, Suffolk.
- HOWELL, T. S. The Old Vicarage, Wandsworth.
- HOWSE, W. 8, London Street, New Swindon, Wilts.
- HUBBARD, A. J. Durrance House, Hemel-Hempstead, Herts. M.D. Durh.
- HUDSON, H. H. Mannargudi, Tanjore, S. India.
- HUDSON, J. S. 32, Penywern Road, Kensington.
- HUDSON, O. H. Meersbrook Edge, Sheffield.
- HUGHES, A. E. P. Disp. Surg., The Infirm., Bradford, Yorks. Ophth. H. S.
- HULBERT, H. H. The Grange, Ely, Cambs. B.A. Oxon. H.S., A.H.S., Clin. Asst. Throat and Ear Depts., Asst. Teacher of Pract. Surg.
- HULL, W. Sydney, N. S. Wales, M.D. Lond. w 1878-9. 2nd Entrance Science Scholarship. w 1881-2. The Mead Medal. H.P., A.H.P., H.S., A.H.S., R.A.
- HUME, F. H. 53, Devonshire Street, N. M.D. St. And.
- HUNT, J. A. Brookfield, Borrowash, Derbysh. w 1874 Prosector's Prize.
- HUNT, J. P. Surg.-Maj. Army. M.D. Glasg., F.R.C.P.I.
- HUTCHINSON, J. A. Northallerton, Yorks. M.D., M.S. Durh., Med. Off. Health Northallerton.
- HUTTON, H. R. 8a, St. John St., Manchester. M.A., M.B. Cantab. Late Demonst. of Physiol., Asst. Demonst. of Pract. Path. and H.P.
- IDESON, J. J. Colne, Lancash.
- ILES, A. R. Shutterne House, Taunton, Somers.
- ILES, D. Fairford, Glouc.
- INGLIS, W. W. Cadogan House, Gipsy Hill, S.E. M.D. Heidelb. 1864. 1st Year Student, 2nd Coll. Prize. 1865. 2nd Year Student, 2nd Coll. Prize. 1866. 3rd Year Student, 3rd Coll. Prize; Cheselden Medal. Late Medical Registrar and H.S. at St. Thomas's Hosp.
- INMAN, J. H. Pinfold, Garsdale, Yorks.
- IRVING, D. B. Vancouver, Brit. Columbia, Canada.
- ISAACS, E. P. 36, Leyland Road, Lee, Ophth. H.S.
- IVES, R. Chertsey Lodge, Portswood, Southampton.
- JACKSON, J. 15, Huntingdon St., Barnsbury, N.
- JACOBSON, T. E. Sleaford, Linc. 1852. Practical Midwifery, Prize.
- JAFFE, C. S. St. Thomas's Hospital, S.E. M.B., B.S. Lond. w 1887-8. 1st Year Student, Half 2nd Coll. Prize. H.P., Jun. and Sen. Obs. H.P., Clin. Asst. Throat Dept.
- JAMES, C. H. Surg.-Capt. Bengal Army. w 1887-8. Solly Medal and Prize. H.S., A.H.S., R.A.
- JAMES, J. M. 647, Queen's Road, Heeley, Sheffield.
- JAMES, J. P.
- JARDINE, J. L. Capel, Dorking, Surrey. 1850. Medical Reports, Dr. Roots' Prize. H.S.
- JARVIS, J. 38, Gay Street, Bath.
- JEFFERSON, A. J. Manilla, Philippine Islands. M.D., B.Sc. Lond.
- JEFFERSON, T. J. Market Weighton, Yorks. M.D. Aberd. H.S.

- JEFFREYS, A. Devonshire Place, Aberavon, S. Wales.
- JEFFREYS-POWELL, J. P. Senny Bridge, Brecon, S. Wales.
- JOHNS, W. S. Caterham Valley, Surrey.
- JOHNSON, C. G. Harpur Villa, Bedford.
- JOHNSON, J. S. 1, Aston Villas, Teddington, Middlesex.
- JOHNSON, W. G. 68, High Street, Bedford.  
1855. Comparative Anatomy, Prize.
- JOHNSTON, G. D. Vancouver, British Columbia, Canada.  
w 1882-3. 4th Year, Cheselden Medal.  
H.S., A.H.S., R.A.
- JOHNSTON, T. Barnstaple, North Devon.
- JOLLY, S. B. Godstone House, West Hill, Sydenham. M.B. Cantab.
- JONES, A. O. Cardigan Villa, Harrogate. M.D., C.M. Aberd.
- JONES, A. W. Currie Schools, Folkestone. M.A. Oxon., Lect. in Chem. Currie Schools, Folkestone.  
s 1888 3rd Year Student, 1st Coll. Prize.
- JONES, B. S. 16, Kendoa Rd., Clapham.
- JONES, C. M. Glantaff House, Troed-yrhiw, Glamorg.  
R.A.
- JONES, E. Ty-mawr, Aberdare, Glam. J.P.
- JONES, E. J. T. Ty-mawr, Aberdare, Glamorg.
- JONES, H. T. Pembroke, S. Wales.
- JONES, J. T. Hornsea, Hull.
- JONES, SYDNEY. 18, Wimpole St., W. M.B. Lond.; F.R.C.S. Eng.; Consulting Surgeon to St. Thomas's Hospital.  
1831. Matriculation Scholarship, Prize; 1st Year Student, Scholarship.  
1852. 2nd Year Student, Scholarship. Descriptive Anatomy, Prize.  
1853. 3rd Year Student, Scholarship.  
Late Member of Council, Royal College of Surgeons. Late Surg., Lect. on Surg., on Descrip. Surg., Surg. Anat., Ophth. Surg. and on Comp. Anat., Cur. of Mus., Demonstr. of Healthy and Morbid Anat. at St. Thos. Hosp.
- JONES, S. H. 16, Kendoa Road, Clapham.  
w 1881-2. 1st Year Student, Entrance Science Scholarship.  
The William Tite Scholarship.  
w 1882-3. 2nd Year Student, Half Musgrove Scholarship and 1st Coll. Prize combined.  
Prosecutor's Prize.  
w 1883-4. 3rd Year Student, 2nd tenure of Half Musgrove Scholarship, with 1st Coll. Prize.  
s 1884. 3rd Year Student, Half 1st and 2nd Coll. Prizes.  
w 1884-5. 4th Year Student, The Cheselden Medal.  
Treasurer's Gold Medal.  
H.S., A.H.S., Clin. Asst. Ear and Skin Depts.
- JONES, T. 2, St. Stephens Terrace, Clapham Road.  
M.D. St. And.
- JONES, T. J. Newton Lodge, Welsh Newton, Monmouth, Hereford. B.A. Cantab., M.B., C.M. Edin.
- JONES, T. M. Kilby House, Loughor, Glamorg.
- JONES, W. W. 65, Barlow Moor Rd., Didsbury, Manchester. M.A., M.B. Oxon., B.Sc. Lond.  
w 1877-8. 1st Year Student; 1st Entrance Science Scholarship; £60;  
The William Tite Scholarship.  
w 1877-8. 1st Year Physical Society's Prize.  
s 1878. 1st Year Student, 1st Coll. Prize.  
w 1878-9. 2nd Year Student, The College Scholarship.  
s 1879. 2nd Year Student, 2nd Coll. Prize.  
w 1879-80. 3rd Year Student, 2nd tenure of Coll. Scholarship, and 1st Coll. Prize.  
w 1880-1. The Mead Medal; Treasurer's Gold Medal.  
H.P., H.S., R.A.: Radcliffe Travelling Fellow, Oxford, 1880.
- JOTHAM, E. 270, Camden Rd., N.W.
- JOTHAM, E. S. 63, Roe St., Macclesfield.
- JOTHAM, G. W. Tolcarn, Kidderminster. M.D., C.M. Aberd.
- KAI, HO. Hong Kong, China. M.B., C.M. Aberd.
- KAPADIA, S. A. 40, Glazbury Road, W. Kensington. M.D. Brux.
- KAVANAGH, P. J. F. 56, Queen's Gardens, Lancaster Gate.
- KEATES, W. C. 2, Tredegar Villas, East Dulwich Road.
- KEELE, C. F. 260, Tottenham Court Road.
- KEELE, G. T. 81, St. Paul's Road, Highbury, N.

- KEELE, J. R. 8, Prospect Place, Southampton.
- KELLER, H. L. A. Elm House, Hornsey, N. B.A. Oxon.
- KELLOCK, T. H. Hospital for Sick Children, Gt. Ormond St., W.C.  
w 1889-90. 4th Year Student; The Cheselden Medal.  
H.S., A.H.S., H.P.
- KEMPE, C. M. Chantry House, New Shoreham, Sussex.
- KER, J. E. Asst. Surg., Colonial Hosp., Gibraltar.
- KERR, G. D. 3, Goldsmid Road, Brighton.
- KESER, J. S. 11, Harley St., Cavendish Square. M.D. Bâle; F.R.C.S. Eng.
- KEYWORTH, J. W. Wellington, New Zealand. M.D. Lond.  
1848. *Materia Medica*. Prize;  
1849. *Midwifery*, 3rd Prize;  
Physical Society's Essay, Prize.  
1850. *Ophthalmic Reports*, a Governor's Prize;  
Essay on Neuralgia, Mr. Newman Smith's Prize.  
1851. *Comparative Anatomy*. Prize;  
Clinical Medicine, Prize;  
Surgical Reports, Prize;  
Midwifery, Prize;  
Medical Reports, Prize;  
Pathology, Prize;  
Physical Society's Essay, Prize.
- KIDD, H. C. Bromsgrove, Worc. M.B. Lond.; F.R.C.S.  
w 1881-2. 1st Year Student, 3rd Coll. Prize.  
H.S., A.H.S., A.H.P. Clin. Asst. Ear Dept.
- KILHAM, C. S. Barber Road, Crookesmoor, Sheffield.
- KILNER, W. J. 57, Queen Anne St., Cavendish Square. B.A., M.B. Cantab.; M.R.C.P.  
Late Electrician to St. Thomas's Hospital.
- KING, A. 40, Mill Hill Rd., Norwich.  
w 1886-7. 1st Year Student, 1st Coll. Prize.  
s 1887. 1st Year Student, 1st Coll. Prize.  
s 1888. 2nd Year Student, 1st Coll. Prize.  
w 1888-9. 3rd Year Student, 3rd Coll. Prize.  
s 1889. 3rd Year Student, 1st Coll. Prize.  
w 1889-90. 4th Year Student; Treasurer's Gold Medal.  
H.P.
- KING, A. F. W. Cheriton, Epsom.
- KING, P. 29, Gay Street, Bath. B.A., M.D., B.C. Cantab.
- KINGSFORD, B. H. 59, Oakley St., Chelsea.
- KISCH, A. Abingdon House, 186, Sutherland Av., Maida Vale.
- KITCHING, J. L. W. Effingham, Leatherhead, Surrey.
- KNAGGS, R. H. E. Diego Martin, Trinidad, W. Indies.
- LABEY, J. La Près Vallée, Grouville, Jersey.
- LAKE, R., 46, Seymour St., Portman Square. F.R.C.S.  
w 1881-2. 2nd Year Student, Prosector's Prize.  
Clin. Asst. Ear Dept.
- LAKE, W. W. Guildford, Surrey. D.P.H.
- LAMBERT, F. S. Balgowan, Newland, Lincoln.
- LAMBERT, T. W. British Columbia. M.A., M.B., B.C. Cantab.  
H.S., A.H.S., Clin. Asst. Skin Dept.
- LANDON, E. (Travelling.)
- LANGTON, C. B. T. Long Sutton, Lincolnsh.
- LANKESTER, A. C. Amritsur, India. M.B. Lond.  
w 1885-6. 1st Year Student, 1st Coll. Prize.  
w 1886-7. 2nd Year Student, Half 1st and 2nd Coll. Prizes.  
w 1888-9. 4th Year Student, The Cheselden Medal.  
H.S., A.H.S.
- LANKESTER, F. J. 13, Belvoir Street, Leicester. D.D.S. Penna; L.D.S.
- LANKESTER, H. Rothesay, Victoria Road, Leicester. J.P.  
1850. 1st Year Student, Scholarship;  
Descriptive Anatomy, 1st Prize;  
Chemistry, Prize.  
1851. *Physiology*, Prize;  
*Materia Medica*, Prize;  
Medicine, Prize;  
1852. 3rd Year Student, Scholarship;  
Medical Cases, President's Prize;  
Medicine, Prize;  
Surgery, Prize;  
Surgery and Surgical Anatomy, Cheselden Medal;  
General Proficiency, Treasurer's Medal.  
1853. *Surgical Essay*, President's Prize.  
H.S.
- LANKESTER, H. H. The Firs, Woking. M.D. Lond.  
w 1880-1. Entrance Science Scholarship;  
1st Year Student, 2nd Coll. Prize.  
w 1881-2. 2nd Year Student, The College Scholarship, Two Years.  
H.P., R.A.

- LATTER, C. 10, Earl's Avenue, Folkestone. B.A., M.D., B.C. Cantab.  
w 1890-1. 4th Year Student, The Mead Medal.  
H.P., Obst. H.P.
- LAVER, A. H. 26, Cemetery Road, Sheffield. Lect. on Pract. Surg. and Demonstr. of Pract. Anat. Sheffield Sch. of Med.  
1870. 1st Year Student, 3rd Coll. Prize.  
1871. 2nd Year Student, 2nd Coll. Prize.  
w 1872. 3rd Year Student, 2nd Coll. Prize. Cheselden Medal.  
H.S., H.P.
- LAVER, H. Head Street, Colchester. J.P.
- LAVER, P. G. Head Street, Colchester.
- LAW, R. R. Sidcup, Kent. B.A., M.B., B.C. Cantab.  
H.S., A.H.S., Clin. Asst. Skin Dept., Asst. Demonstr. of Prac. Surg.
- LAWFORD, J. B. 55, Queen Anne St., Cavendish Square. M.D. C.M. McGill, Montreal; F.R.C.S., Asst. Ophth. Surg. and Lect. on Ophthalmology St. Thos. Hosp. Asst. Surg. Roy. Lon. Ophth. Hosp. Ophth. Clin. Asst., A.H.P.
- LAWS, W. G. Sherwood Rise, Notts. M.B., C.M. Edin.; F.R.C.S. Ophth. H.S.
- LAWTON, H. A. 74, High Street, Poole, Dorset. M.D. Durh.; D.P.H.
- LAXTON, T. L. 4, Park Place, St. James's.  
w 1876-7. 2nd Year Student, Prosector's Prize.
- LEES, J. 21, Brixton Rd. M.D. St. And.  
Late Demonstr. of Morb. Anat., Asst. Res. Med. Off., Med. Tutor and Registrar.
- LEESON, J. R. Clifden House, Twickenham, Middlesex. M.D., C.M. Edin.  
Late Demonstr. of Anat. and H.P.
- LEICESTER, T. Sunnysdene, St. Nicholas Rd., Upp. Tooting.
- LESSEY, S. S. 71, Amersham Road, New Cross, and 13, Abinger Road, Deptford.
- LEVICK, H. D. (Travelling.)  
Late Jun. Obst. H.P.
- LEWIS, C. M. Steyning, Sussex.
- LEWTAS, J. T. Jun. Army and Navy Club, St. James's St., S.W. M.D. Lond.
- LIGHT, E. M. 2, Wilton Place, Belgrave Square. M.A., M.B., B.C. Cantab.  
Late Clin. Asst. Throat Dept.
- LIGHTFOOT, W. S. Staff-Surg. R.N.
- LINDSAY, H. S. Muttaborra, Queensland.
- LINGARD, A. Imperial Bacteriologist The College of Science, Poona, India. M.B., B.S. Durh.; D.P.H.
- LITHGOW, J. M. 41, Humberstone Road, Leicester. M.D., M.Ch. R.U.I.
- LITTELJOHN, S. G. Res. Med. Off. Central Lond. Distr. Schools, Hanwell. M.B., C.M. Edin.
- LIVESEY, S. W. 95, Finchley Road.
- LLEWELLYN, D. W. H. Southborough, Tunbridge Wells.
- LLOYD, A. 25, Larkhall Rise, Clapham.
- LOCKYER, C. W. 7, St. Julian's Farm Road, West Norwood.
- LODGE, S., Jun. 13, Manningham Lane, Bradford, Yorks. M.D., B.S. Durh.
- LOGAN, R. R. W.
- LOMAS, H. Belper, Derbysh.
- LONGMAN, A. Broad Chalk, Salisbury.
- LONGSTAFF, G. B. Highlands, Putney Heath, and Twicken, Morthoe, N. Devon. M.A., M.D., D.P.H. Oxon; F.R.C.P.  
w 1873-4. 1st Year Student, 2nd Coll. Prize.  
s 1874. 1st Coll. Prize.  
Physical Society's 1st Year's Prize.  
s 1875. 2nd Year Student, 2nd Coll. Prize.  
w 1875-6. 3rd Year Student, 1st Coll. Prize.  
w 1876-7. 4th Year Student, Mead Medal.
- Low, H. 4, Sydney Place, South Kensington. M.B., M.A., B.C. Cantab.  
H.P., R.A., S.O.C., Clin. Asst. Skin Dept.
- Low, P. C. Elmstead, Tunbridge Wells, Kent. B.A., M.B., B.C. Cantab.
- Low, R. B. Local Govt. Bd., Whitehall and Helmsley House, Christchurch Road, Tulse Hill. M.D., C.M. Edin.; D.P.H. Cantab.
- Low, W. S. Glenrosa, 66, Herne Hill.

LUARD, H. B. Surg.-Capt. Bengal Army. B.A., M.B., B.C., D.P.H. Cantab.

s 1886. 3rd Year Student, 2nd Coll. Prize.  
H.P., R.A.

LUCAS, G. Uckfield, Sussex.

LUNN, J. R. Med. Superint. St. Marylebone Infirm., Notting Hill. F.R.C.S. Edin.

H.S., R.A., A.H.S., A.H.P.

LUSH, J. S. Ivy Cottage, Market Lavington, Devizes, Wilts.

s 1873. 1st Year Student, 3rd Coll. Prize.

LUSH, W. H. Prospect House, Market Lavington, Devizes, Wilts.

w 1872. 2nd Year Student, Prosector's Prize.

LYNCH, G. W. A. Fiji. M.B., B.C. Cantab.

LYON, T. G. 8, Finsbury Circus. M.A., M.D. Cantab.; M.R.C.P.

H.P., Clin. Asst. Skin and Ear Depts.

MACCORMAC, Sir William. 13, Harley St., Cavendish Square. M.A.Q.U.I., M.Ch. (hon. causâ), D.Sc., F.R.C.S.I.; F.R.C.S. Eng. Cons. Surg. to St. Thomas's Hospital; Emeritus Lecturer on Clinical Surgery.

MCDONNELL, J. O'M. Surg.-Lt.-Col. Bengal Army. M.D., M.Ch. Q.U.I.; F.R.C.S.E.

MCDOWELL, D. K. c/o Messrs. Holt & Co., 17, Whitehall Place.

MACEVOY, H. J. 41, Buckley Road, Brondesbury. M.D., B.Sc. Lond.

w 1884-5. 3rd Year Student, Half 2nd and 3rd Coll. Prizes.

s 1885. 3rd Year Student, Half 1st and 2nd Coll. Prizes.

w 1885-6. 4th Year Student, Bronze Mead Medal.

H.P., R.A., Clin. Asst. Throat Dept.

MCGEAGH, W. S. 100, Norroy Road, Putney.

MAC KELLAR, A. O. 79, Wimpole Street. M.D., M.Ch., Q.U.I., F.R.C.S., Surgeon to and Sen. Lect. on Pract. Surg., Lect. on For. Med. at St. Thomas's Hospital.

Res. Asst. Surg.

MACKENZIE, H. W. G. 59, Welbeck St., Cavendish Square. M.A. Edin.; M.A., M.D. Cantab.; F.R.C.P. Lond.; Assistant Physician to St. Thomas's Hospital and to the Hospital for Consumption, Brompton; Lecturer on Pharmacology and

Therapeutics and Joint Teacher of Practical Medicine at St. Thomas's Hospital.

w 1882-3. 3rd Year Student, 3rd Coll. Prize.  
s 1883. 3rd Year Student, 1st Coll. Prize.

w 1883-4. 4th Year Student. The Mead Medal.

Resident Assistant Physician, Medical Registrar, H.P., A.H.P., and Clin. Asst. Skin Department.

McLAUGHLIN, E. H. 45, Jeffries Rd., Clapham Rd.

MACLEAN, A. Harpenden Hall, Herts.

MACNAMARA, J. T. 50, Union Road, Rotherhithe.

MAC RAE, F. 49, Newgate St., E.C. M.B., C.M. Aberd.

MACKRETH, J. F. Keyingham, Holderness, Hull.

MACTAVISH, J. W. Burton Joyce, Notts.

MADDEN, T. P. Falmouth, Jamaica. M.D., M.Ch.Q.U.I.

MADDICK, E. D. 2, Chandos Street. F.R.C.S. Edin.

MAHON, R. H. D. Heathdale, Suffolk Road, Bournemouth.

MAILE, C. E. D. Dedham House, Dedham, Essex.

MAKINS, G. H. 47, Charles Street, Berkeley Square. Asst. Surg., Joint Lect. on Anat., and Dean of Med. School.

Surg. Registr., Res. Asst. Surg., H.P., H.S.

MANNERS, W. F. Woodstock, Claygate, Surrey. B.A. Cantab.

MANSEL-HOWE, S. I. Londesborough House, Godstone, Surrey. M.D. Brux.

H.P., R.A.

MAPLES, R. Kingsclere, Newbury, Berks.

H.S., R.A.

MARCH, H. C. 2, West St., Rochdale. M.D. Lond., J.P.

1858. 1st Year Student, Treasurer's 2nd Prize.

H.S., R.A.

MARGENOUT, J. G. 59, Hayter Road, Brixton.

MARRINER, W. H. L. Craig Vaen, Poole Road, West Bournemouth. M.B. Lond.

Clin. Asst. Ear and Throat Depts.



- MARSACK, A. E.
- MARSDEN, T. Netherleigh, Sevenoaks, Kent. M.D., C.M. Aber.
- MARSH, J. H. Heathfield, Sussex.
- MARSHALL, A. Kenmare, Brundall, Norwich. M.D. Brux.
- MARSHALL, J. G. B.A., M.B. Cantab.
- MARSTON, F. E. High Street, Welshpool, Montgomery. A.H.P.
- MARTIN, C. J. Sydney, N.S. Wales. M.B. Lond.  
w 1884-5. 1st Year Student, 2nd Entrance Scholarship.
- MARTIN, T. H. North Gate, Crawley, Sussex.
- MASON, A. E. 61, Hillfield Road, West Hampstead.
- MASON, G. A. 45, George Street, Portman Square. M.A., M.B., B.C. Cantab.
- MASON, J. W. Beacon House, Painswick, Glouc. M.D. St. And.
- MASON, R. 29, Cavendish Street, Ramsgate.
- MASSEY, H. M. N. Adelaide, S. Australia.
- MASSEY, H. T. Knockholt, Deal, Kent.
- MATHIAS, W. L. Sydney, N.S. Wales.
- MATTEI, C. 56, Strada Reale, Sliema, Malta, and Strahan, Tasmania.
- MATTHEWS, C. E. Med. Superint. Fountain Hosp., Tooting Grove. B.A., M.D., B.Ch. Oxon., D.P.H. Clin. Asst. Throat Dept.
- MATURIN, B. A. Surg.-Capt. Army.
- MAURICE, O. C. 75, London Street, Reading.
- MAURICE, W. J. 11, Friar Street, Reading. M.A., M.B., B.Ch. Oxon.
- MAVOR, W. S. Waltham Cross, Herts. H.P.
- MAYBURY, A. C. 19, Bloomsbury Square, and 23, Charlotte Street, Bedford Square. D.Sc.
- MAYBURY, A. V. Ashford House, Mile End, Landport. M.D., M.Ch.Q.U.I.  
1870. 1st Year Student, 2nd Coll. Prize.  
1871. 2nd Year Student, 1st Coll. Prize.  
w 1872. 3rd Year Student, 1st Coll. Prize; Treasurer's Gold Medal.  
H.S.
- MAYBURY, H. M. 26, Almeida St., Upper St. M.D., M.Ch.Q.U.I.  
1869. 1st Year Student, 2nd Coll. Prize.  
1871. 3rd Year Student, 3rd Coll. Prize.
- MAYBURY, L. 9, Hampshire Terr., Southsea. M.D., M.Ch. Q.U.I.
- MAYBURY, W. A. 19, West Stockwell Street, Colchester, Essex. M.D., M.Ch.Q.U.I.  
1867. 1st Year Student, 3rd Coll. Prize.
- MAYNARD, E. C. Leslie Villa, Richmond, Surrey.
- MAYNARD, J. C. M. Erith, Kent. M.R.C.P. Edin., J.P.
- MEAD, H. T. H. Christchurch, Hants.
- MEADOWS, B. 141, Victoria St., Westminster.
- MEADOWS, H. 1, Spa Place, Humberstone Rd., Leicester.  
1867. 1st Year Student, The William Tite Scholarship;  
Phys. Soc. 1st Year's Prize.  
1868. 2nd Year, Tite Scholarship;  
Phys. Soc. 2nd Year's Prize.
- MEASURES, J. W. Kent Lodge, 272, Wightman Road, Hornsey.
- MEGGITT, H. 337, Brixton Road.
- MELSON, W. S. Queen's Coll., Cambridge. M.A., M.B., B.C. Cantab. Demonstr. of Anat. Univ. Camb.
- MENNELL, Z. 1, Royal Crescent, Notting Hill.
- MERCES, J. Australia.
- MERRY, W. J. C. Lincoln College, Oxford. M.A., M.B., B.Ch. Oxon. H.P., Clin. Asst. Skin Dept.
- METCALFE, A. W. Leyburn, Yorks. M.A., M.B., B.C. Cantab.
- METCALFE, G. 230, Westgate Rd., Newcastle-on-Tyne. M.B., B.S. Durh.
- METCALFE, R. Leyburn, Yorks. M.D. St. And.
- MEYMOOT, H. Ludlow, Salop (retired).
- MICHAEL, H. J. Surg.-Maj. Army.
- MICKLE, W. J. Med.-Superint. Grove Hall Asyl., Bow. M.D. Toronto, F.R.C.P.
- MIFSUD, A. E. 17, Strada Zaccaria, Valetta, Malta.

- MILLAR, W. H. Cleveland Lodge,  
New Park Rd., Brixton Hill. M.D.  
Brux.  
w 1888-9. 3rd Year Student, 2nd Coll. Prize.  
s 1889. 3rd Year Student, 2nd Coll. Prize.  
Clin. Asst. Throat Dept.
- MILLER, F. M. 284, Amhurst Road,  
Stoke Newington.
- MILLER, H. L. Warrnambool, Vic-  
toria, Australia.
- MILLER, J. 163, South Lambeth Rd.  
M.D. Brux.
- MILLER, J. T. R. Castlegate House,  
78, Castlegate, Malton, and Leaven-  
ing, Malton, Yorks.
- MILLS, R. J. 35, Surrey St., Norwich.  
M.B., C.M. Aberd.
- MILLS-ROBERTS, R. H. Hafod-ty,  
Llanberis, N. Wales. F.R.C.S. Edin.
- MILTON, A. R. O. St. Thomas's  
Hospital.  
w 1891-2. 4th Year Student, The Mead  
Medal.  
H.P., H.S., A.H.S.
- MILTON, F. R. S. Kasr el Aini Hos-  
pital, Cairo, Egypt.  
H.S., A.H.S.
- MILTON, H. M. N. Kasr el Aini Hos-  
pital, Cairo, Egypt.  
H.S., A.H.S., H.P., A.H.P.
- MILTON, W. F. E. Asst. Med. Off.  
South Western Hospital, Stockwell.  
H.S., A.H.S.
- MISKIN, E. 162, York Rd., Lambeth.  
s 1890. 2nd Year Student, 1st Coll. Prize.
- MISKIN, G. A. 162, York Rd., Lam-  
beth. M.D. St. And.
- MISKIN, L. J. 162, York Rd., Lam-  
beth.  
w 1889-90. 1st Year Student, 2nd Coll. Prize.  
w 1890-1. 2nd Year Student, Half 1st and  
2nd Coll. Prizes.  
s 1891. 2nd Year Student, 1st Coll. Prize.
- MITCHELL, Rev. J. The Vicarage,  
Yealand Conyers, Carnforth, Lanc.  
M.D. St. And., M.R.C.P. Edin.  
1866. 1st Year Student, 2nd Coll. Prize;  
Phys. Society's 1st Year's Prize.  
1867. 2nd Year Student, 2nd Coll. Prize.  
1868. 3rd Year Student, 2nd Coll. Prize.  
R.A.
- MITCHELL, R. N. 27, Fitzjohn's  
Avenue. M.D. St. And.
- MONEY, F. J. M.D. Lond.  
1849. Descriptive Anatomy, 2nd Prize;  
Chemistry Prize;  
Materia Medica, 1st Prize;  
Matriculation Scholarship, Prize;  
1st Year Student Scholarship.
1850. Physiology, Prize;  
Comparative Anatomy, Prize;  
Descriptive Anatomy, Prize;  
Medicine, Prize.
1851. Midwifery Prize;  
Medicine, Prize;  
Physical Society's Essay, Prize;  
Surgery, Prize;  
Surgery and Surgical Anatomy,  
Cheselden Medal;  
General Proficiency, Treasurer's  
Gold Medal.
- MONTAGUE, A. J. H. 35, Potter St.,  
Workshop. M.D. Durh.  
H.P., Clin. Asst. Skin Dept.
- MOODY, J. M. Med. Superint. Lond.  
Co. Asyl. Cane Hill, Purley, Surrey.
- MOORE, D. Woodthorpe, Sydenham  
Hill Road (not practising). M.D.  
St. And.
- MOORE, H. M.  
Clin. Asst. Ear Dept.
- MOORES, S. G. Surg.-Capt. Army.
- MORETON, J. E. Tarvin, Chester.  
F.R.C.S.  
1850. 1st Year Student, Scholarship;  
1852. Physiology, Prize;  
Descriptive Anatomy, Prize;  
Physical Society's Essay, Prize;  
Medicine, Prize;  
Surgery, Prize;  
2nd Year Student, Scholarship.  
1853. 3rd Year Student, Scholarship;  
Physiology, Prize;  
Clinical Medicine, Pres. Prize;  
Clinical Medicine, Treas. Prize;  
Clinical Medicine, Mr. N. Smith's  
Prize;  
Ophthalmic Surgery, Prize;  
Medicine, Prize;  
Surgery and Surgical Anatomy,  
Cheselden Medal;  
Gen. Proficiency, Treas. Medal.  
1854. Clinical Med., Dr. Root's Prize.  
H.S.
- MORETON, T. Northwich and Spring  
Mount, Hartford, Chesh.  
1857. 1st Year Student, Treasurer's 2nd  
Prize;  
Matriculation Examination, Classics  
and Mathematics, Prize.  
1858. Clinical Medicine, Prize.
- MORETON, T. W. E. Tarvin, Chester.  
B.A. Cantab.
- MORGAN, C. A. Clytha, Bristol Road,  
Weston-super-Mare.
- MORGAN, L. W. The Hafod, Ponty-  
pridd, Glamorg. M.D., C.M. Aberd.,  
J.P.
- MORGAN, Ll. A. 118, Bedford Street,  
Liverpool. M.D. Durh.
- MORGAN, S. 15, Oakfield Road,  
Clifton, Bristol.  
1854. Forensic Medicine, 2nd Prize.

- MORGAN, S. W. 15, Oakfield Road, Clifton, Bristol.
- MORGAN, W. 3, Adelaide Street, Swansea. R.A.
- MORRIS, C. K. Gordon Lodge, Charlton Road, Blackheath. w 1875. Prosector's Prize.
- MORRIS, E. H. G. 8, Gloucester Terr., Onslow Gdns., S. Kensington. B.A., M.B., B.C. Cantab. Anaesthetist in the Dental Dept. St. Thomas's Hosp.
- MORRIS, E. W. Port Adelaide, S. Australia.
- MORRIS, J. E. Windhill, Bishop's Stortford, Herts. M.D. Durh.
- MORRIS, S. G. 12, Gore Terrace, Swansea. M.B., C.M. Edin.
- MORTON, J. Eastgate House, Guildford. M.B. Lond. H.S., R.A.
- MOULLIN, J. A. M. 69, Wimpole St., Cavendish Square. M.A., M.B. Oxon.; M.R.C.P. H.P.
- MOXON, C. C. Market Place, Pontefract.
- MUSSON, A. W. 15, King Street, Clitheroe, Lanc. B.A., M.B., B.C. Cantab.
- MUSSON, W. E. Clitheroe, Lanc. 1850. Matriculation Scholarship, Prize.
- NAIRN, R. Omakere, Mount Av., Ealing. F.R.C.S. Ophth. Asst., H.P.
- NAPPER, A. 2, Chichester Place, Guildford (retired).
- NEATE, C. P. W. Stilton, 9, London Road, Forest Hill. F.R.C.P., F.R.C.S. Edin.
- NETTLESHIP, E. 5, Wimpole St., W. F.R.C.S. Ophth. Surg. (Late Dean of Med. Sch.) St. Thos. Hosp.; Surg. Roy. Lond. Ophth. Hosp.
- NEWBOULD, N. J. Abbots Bromley, Staff.
- NEWBY, C. H. 20, Landport Terr., Southsea, Hants. F.R.C.S. 1870. Prosector's Prize. Surg. Regist., H.S., H.P., R.A., Asst. Demonstr. of Anat.
- NEWCOMBE, J. K. Toronto, Canada. M.D. Canada.
- NEWINGTON, A. S. L. Woodlands, Ticehurst, Sussex. M.B. Cantab.
- NEWINGTON, T. Ticehurst, Sussex. B.A. Cantab.
- NEWSHOLME, A. Town Hall, and 15, College Rd., Brighton. M.D. Lond.; M.R.C.P., Med. Off. Health Brighton. Asst. Exam. in Hygiene Sci. Dept. w 1875-6. 1st Year Student, 1st Coll. Prize. w 1876-7. 2nd Year Student, 1st Coll. Scholarship. s 1877. Ditto 1st Coll. Prize. w 1877-8. 3rd Year Student, The "College Scholarship," 1st Coll. Prize. H.P., A.H.P., H.S., R.A.
- NEWTN, A. H. Hayward's Heath, Sussex. M.D. Aberd. Mem. Gen. Counc. Univ. Aberd.
- NICHOL, F. E. 11, Ethelbert Terr., Margate. M.A., M.B., B.C. Cantab. H.S., A.H.S., Clin. Asst. Skin Dept.
- NICHOLSON, F. 29, Albion St., Hull. M.D. Lond. Phys. Hull Roy. Infirmary. w 1873. 1st Year Student, 1st Coll. Prize. s 1873. Ditto 1st Coll. Prize. w 1874. 2nd Year Student, 1st Coll. Prize. s 1874. Ditto 1st Coll. Prize. w 1875. 3rd Year Student, 1st Coll. Prize; Cheselden Medal; Mead Medal; Treasurer's Gold Medal. R.A., H.P., H.S.
- NICHOLSON, T. G. 25, Colet Gardens, Kensington. B.Sc. Lond. w 1889-90. 1st Year Student, 1st Entrance Science Scholarship.
- NIVEN, J. Sanitary Office, 2, Mill St., Oldham. M.A. Aberd.; M.A., M.B., B.C. Cantab. Med. Off. Health Oldham.
- NIX, H. W. Asst. Med. Off. St. Marylebone Infirmary, Ladbroke Grove, W. B.A., M.B., B.C. Cantab. H.S., A.H.S.
- NIX, R. E. St. Thomas's Hospital. B.A., M.B., B.C. Cantab.
- NORRIS, E. S. 117, High Street, Eton, Bucks. M.A., M.B. Cantab. Med. Regist. and Asst. Demonstr. of Morb. Anat.
- NORTHCOTE, P. Amwell, New Beckenham. H.P.
- NOWELL, A. H. Clarendon House, Mortlake.
- OBORN, H. W. 255, Lewisham High Road.
- ODLING, A. E. Alford, Linc.
- OKELL, J. B. 2, Magdala Road, Nottingham.

- OLDING, A. E. c/o L. E. OLDING, Esq., 38, Brighton Road, South Croydon.
- OLIVEY, W. J. 51, Blessington Road, Lee.
- ORANGE, W., C.B. 12, Lexham Gardens, Kensington. M.D. Heidelb., F.R.C.P.
- ORD, G. R. Streatham Hill, S.W.
- ORD, G. W. Mildenhall, Suffolk.
- ORD, R. W. M.A. Cantab. 4, Cambridge Terrace, Dover. A.H.S.
- ORD, W. M. 37, Upper Brook Street. M.D. Lond., F.R.C.P. Physician to St. Thomas's Hospital.
1853. Matriculation Exam. Scholarship; 1st Year Student, Scholarship; Descriptive Anatomy, Prize; Chemistry, Prize.
1854. 2nd Year Student, Scholarship; Medicine, Prize; Materia Medica, Prize; Physiology, Prize.
1855. 3rd Year Student, Scholarship; Surgery and Surgical Anatomy, Cheselden Medal; Forensic Medicine, Prize; Pathology, Prize; Practical Chemistry, Prize; Physiology, Prize; General Proficiency, Treasurer's Medal.
1856. Registrar, Prize.  
Joint Lecturer on Medicine, Lecturer on Comparative Anatomy, Physiology, and Practical Physiology, Demonstrator of Anat., Surg. Registr. and H.S.
- ORD, W. W. 2, Queen Street, Mayfair. M.A., M.D., B.Ch. Oxon, M.R.C.P. Assistant Physician to the Victoria Hospital for Children.
- s 1884. 1st Year Student, 2nd Coll. Prize.  
w 1884-5. 2nd Year Student, Half 2nd Coll. Prize.
- w 1886-7. 4th Year Student, Mead Medal.  
H.P., H.S., A.H.S.
- ORFORD, J. Starfield House, Pontefract, Yorks.  
H.S., H.P., R.A.
- OSBORN, S. 10, Maddox Street, Regent Street. F.R.C.S., J.P. Assistant Surgeon to the Hospital for Women, Soho Square.
1870. Physical Society, 2nd Year's Prize.  
Surgical Registrar, H.S., H.P., R.A., at St. Thomas's Hospital.
- OSBORNE, F. Asst. Med. Off. S.W. Fever Hosp., Stockwell.
- OSBURN, H. B. Bagshot, Surrey. D.P.H.  
R.A., S.O.C.
- OWEN, C. W., C.I.E., C.M.G. Surg.-Maj. Bengal Army.
- PALIN, H. V. Wrexham. M.B., C.M. Edin., J.P. Late Mayor of Wrexham, 1889-90-1. Hon. Surg. Wrexham Infirmary.
- PALMER, A. M. Whittington, Chesterfield. Med. Off. Health Whittington.
- PALMER, H. G. 83, Milkwood Road, Herne Hill.
- PAPILLON, J. W. Brent Knoll, Bridgewater, Somers.
- PAPILLON, T. A. Albion Place, Reading. F.R.C.S. Edin.
- PANIOTY, J. E. Calcutta, India.
- PARK, J. R. S. 183, King Street, Dukinfield, Cheshire.
- PARKER, G. R. W. 19, Derby Lane, Stoneycroft, Liverpool. M.A. Cantab.
- PARKER, R. W. 13, Welbeck St., Cavendish Square.
- PARKER, W. T. 68, Lillie Road, Fulham.
- PARROTT, J. Stanhoe House, Grove Vale, East Dulwich.
- PARSEY, E. W. Paddington Infirmary, Harrow Road. B.A., M.B., B.C. Cantab.
- PARSON, F. J. Cape Town, South Africa.
- PARSON, H. Oxford Villa, Bracknell, Berks.
- PARSONS, C. O. 202, Castle Road, Roath, Cardiff.
- PARSONS, F. G. 17, Micheldever Rd., Lee. F.R.C.S., Lect. on Comp. Anat. and Elem. Biol., Demonstrator of Anat. at St. Thomas's Hospital.  
w 1882-3. 2nd Year, Prosecutor's Prize.  
w 1886-7. 6th Year, Grainger Testimonial Prize.
- PARSONS, W. D. 32, Huskisson St., Liverpool.
- PARTRIDGE, W. T. 97, Albany Road, Old Kent Road.
- PATCH, H. L. Seamen's Infirmary, Ramsgate.
- PAUL, E. W. Hope House, West Cowes, I. W.
- PAYNE, J. F. 78, Wimpole Street, Cavendish Square. B.A., M.D. Oxon.; B.Sc., F.R.C.P. Lond.; Phys. and Jt. Lect. on Med. (late Lect. on Path. and Morb. Anat.) St. Thos. Hosp.



- PEARSE, A. W. Botesdale, Suffolk.
- PEARSON, H. L. Bay House, Holt Hill, Tranmere, Birkenhead, and Devon House, Bedford Rd., Rock Ferry, Ches.
- PEDLEY, R. D. 17, Railway Approach, London Bridge. F.R.C.S. Edin.; L.D.S.  
Late Demonstr. of Dent. Surg.
- PENHALL, J. T. Broadwas-on-Teme, Worc. (retired). M.D. St. And., F.R.C.S.
- PERKINS, A. L. Sketty, Swansea.
- PERKINS, J. J. Hosp. for Consumption, Brompton. M.A., M.B., B.C. Cantab.  
w 1888-9. 3rd Year Student, 1st Coll. Prize. H.P.
- PERKINS, J. S. 9, Palace Gate, Exeter. F.R.C.S.
- PERN, A. Botley, Southampton. F.R.C.S., D.P.H.
- PERSHOUSE, F. 12, Worcester Square. Clin. Asst. Skin Dept., H.P.
- PETMAN, A. P. 14, Waterloo Place, Pall Mall.
- PHELPS, A. M. 37, Compton Terrace, Highbury. M.A., M.D. Cantab.
- PHELPS, W. H. G. Weston-super-Mare. M.D. Aberd.
- PHILLIPS, A. S. 4, Windsor Place, St. Cuthbert's, Bedford.
- PHILLIPS, E. J. M. 33, Rodney Street, Liverpool. L.D.S., Hon. Dent. Surg. Liverp. Roy. Infirm., Lect. on Dent. Surg. Univ. Coll. Liverp.
- PHILLIPS, E. V. Great Glen, Leicester. D.P.H.R.C.S.I.
- PHILLIPS, G. G. Tickhill, Rotherham, Yorks.  
1860. 3rd Year Student, 3rd Coll. Prize. H.S.
- PHILLIPS, J. D. Hoxne, Scole, Suffolk.
- PHILLIPS, P. C. Cavendish Road, Sutton, Surrey.  
Clin. Asst. Skin Dept.
- PHILLIPS, S. C. The Chilterns, 248, Earlsfield Rd., Earlsfield.
- PIETERSEN, J. F. G. Ashwood House, Kingswinford, Staff.  
w 1883-4. Solly Medal and Prize. Clin. Asst. Throat Dept.
- PICKFORD, J. K. 2, Alexandra Rd., Cleethorpes, Grt. Grimsby, Linc.  
w 1872. 1st Year Student, 3rd Coll. Prize.
- PIGGOTT, F. C. H. 13, Orchard Gdns., Teignmouth, S. Devon. B.A., M.D., B.C. Cantab.
- PIKE, J. B. 15, High St., Loughborough.
- PITTS, B. 109, Harley St., Cavendish Square. M.A., M.B., B.C. Cantab., F.R.C.S., Surgeon to and Lect. on Surg. St. Thos. Hosp.  
Late Res. Asst. Surg., Demonstr. of Anat., H.S., R.A.
- PLANCK, C., Junr. Oakmead, Edenbridge, Kent. M.A. Cantab.  
w 1888-9. 1st Year Student, 2nd Coll. Prize.  
w 1889-90. 2nd Year Student, The Peacock Scholarship.  
s 1890. 2nd Year Student, 2nd Coll. Prize.  
w 1890-1. 3rd Year Student, 2nd tenure of Peacock Scholarship, with 3rd Coll. Prize.  
H.S., A.H.S., Clin. Asst. Ear Dept., Asst. Demonstr. of Pract. Surg.
- PLANT, C. Dalton-in-Furness, Lanc.
- POCOCK, A. G. C. Manor View, High Road, Streatham.
- PODMORE, R. 7, Linden Gardens, Chiswick.
- POLLARD, F. 11, St. James's Road, Upper Tooting. M.D. Lond.  
1865. 1st Year Student, 2nd Coll. Prize.  
1865. 2nd Year Student, 2nd Coll. Prize; Physical Society's 2nd Year's Prize.  
1868. 3rd Year Student, 1st Coll. Prize; Physical Society's 3rd Year's Prize; Cheselden Medal.  
Med. Registr., H.S., R.A.
- POTTER, H. P. Med. Superint. Kensington Infirm. M.D. Durh., F.R.C.S., D.P.H.  
s 1872. 3rd Coll. Prize.  
w 1873. 2nd Year Student, 2nd Coll. Prize; Prosector's Prize.  
w 1874. 3rd Year Student, 1st Coll. Prize; Cheselden Medal.  
1875. Grainger Testimonial Prize.  
Surgical Registrar, H.S., H.P., R.A., at St. Thomas's Hospital.
- POTTER, J. H. Cullompton, Devon.
- POPE, E. Tring, Herts. (retired).
- POWELL, J. J. Norwood Lodge, Weybridge, and Byfleet, Surrey.
- POWER, C. J. Hazelwood, Nailsworth, Gloucestersh. M.A. Cantab., M.D. Dubl.
- POYNDR, G. F. Surg.-Maj. Army.
- PRALL, C. B. Surg.-Lt. Bengal Army.
- PRANGLEY, H. J. Tudor House, Anerley.
- PRICE, A. 2, Handsworth New Road, Birmingham.



- PRICE, A. E. 9, Clifton Cresc., Folkestone. M.B. Lond.  
Late Clin. Asst. Ear and Skin Depts.
- PRICE, W. T.
- PRIESTLEY, C. E. 39, The Avenue, Southampton.
- PRINGLE, A. Y. The Dispensary, York.  
Clin. Asst. Throat Dept.
- PROCTOR, S. F. St. Lucia, W. Indies.
- PRONGER, C. E. East Parade, Harrogate, Yorks.
- PUGH, J. H. B.A. Cantab.
- PURKISS, A. Rosedale, Wolston, nr. Coventry. M.D., C.M. Aberd.
- PURVIS, J. P. 38, Royal Hill, Greenwich.
- PURVIS, P. 5, Lansdown Place, Blackheath. M.D. Lond.
- PURVIS, W. P. 38, Royal Hill, Greenwich. M.B., B.Sc. Lond.; F.R.C.S. H.S., H.P., A.H.S. Clin. Asst. Throat Dept.
- QUILLER, C. T. St. Paul's Close, Rectory Grove, Clapham.
- RAYNER, H. 2, Harley St., Cavendish Square, and Upper Terrace House, Hampstead. M.D., C.M. Aberd; M.R.C.P., Lecturer on Psychology at St. Thomas's Hospital.  
1862. 1st Year Student, 1st Coll. Prize.  
1863. 2nd Year Student, 1st Coll. Prize.  
Late Lecturer on Psychology at Middlesex Hospital, and Medical Superintendent Hanwell Asylum.
- RABY, J. 12, The Crescent, Bedford. R.A.
- REDDY, H. L. Montreal, Canada.
- REDPATH, W. Ferndale Court Road, West Norwood.  
H.S., R.A., Asst. Teacher Pract. Surg.
- REED, W. H. Allersleigh, Westbury, Wilts.
- REID, R. G. 176, Lambeth Road. M.B., C.M. Glasg.
- REID, R. W. 8, Queen's Gardens, Aberdeen. M.D., C.M. Aberd.; F.R.C.S.E., Prof. of Anat. Univ. Aberd.  
Late Joint Lect. on and Sen. Demonstr. of Anat. (formerly Joint Demonstr. of Morb. Anat.) St. Thos. Hosp.
- REILLY, C. C. Surg.-Capt. Army.
- RELTON, B. 50, Church St., Rugby.  
1880. 2nd Entrance Science Scholarship.  
H.S., A.H.S., Asst. Demonstr. of Pract. Surg.
- RENDLE, G. 113, Sunderland Road, Forest Hill. Sec. Med. Sch.
- RENNY, E. G. Brocklands, Havant, Kent.
- REVELY, J. S. 25, Greek Street, Stockport. M.D. Durh.
- REW, J. 31, Western Road, Bexhill-on-Sea, Sussex.
- RICHARDSON, C. B. 2, Tisbury Road, West Brighton. M.D., C.M. Aberd. A.H.P., A.H.S.
- RICHARDSON, J. C. R. Benenden, Staplehurst, Kent. M.A., M.B., B.C. Cantab.
- RICHARDSON, S. W. F. Lorne Villas, Whitby. B.Sc.  
w 1889-90. 1st Year Student, The William Tite Scholarship.  
s 1890. 1st Year Student, 2nd Coll. Prize.  
w 1890-1. 2nd Year Student, The Musgrove Scholarship.  
w 1891-2. 3rd Year Student, 2nd Tenure of Musgrove Scholarship.  
s 1892. 3rd Year Student, 1st Coll. Prize.  
w 1892-3. 4th Year Student, The Cheselden Medal;  
The Treasurer's Gold Medal.  
H.S., A.H.S.
- RIDGE, J. J. Carlton House, Enfield, Middlx. M.D., M.D. (State Med.), B.S., B.A., B.Sc. Lond. Med. Off. Health Enfield U. Dist.  
1864. 1st Year Student, The William Tite Scholarship.  
1865. 2nd Year of Tite Scholarship;  
Physical Society's 2nd Year's Prize;  
Prosector's Prize.  
1866. The Grainger Testimonial Prize.  
1868. 3rd Year Tite Scholarship;  
Treasurer's Gold Medal.  
H.S.
- RIDSDALE, A. E. Rottingdean, Sussex.
- RIGBY, C. S. A. 15, Winckley Sq., and 9, Bushell Pl., Preston, Lanc.
- RITCHIE, E. D. Blackwater House, Blackwater, Hants. M.A., M.B., B.C. Cantab.  
H.S., H.P.
- ROALFE-COX, W. J. The Laurels, Mortimer, Reading, Berks.
- ROBATHAN, G. B. The Grove, Risca, Newport, Mon.
- ROBERTS, E. A. 24, Holbein Place, Sloane Square. M.D. Lond.
- ROBERTS, O. Nettlebed, Henley-on-Thames.
- ROBERTSON, C. Cape Town, S. Africa.
- ROBINSON, G. W. Surg.-Maj. Army.

- ROBINSON, H. B. 1, Upper Wimpole Street. M.D., M.S. Lond., F.R.C.S. Assistant Surgeon to and Dem. of Anatomy at St. Thomas's Hospital. Assistant Surgeon to the East London Hospital for Children and Women, Shadwell.  
s 1881. 2nd Year Student, 1st Coll. Prize.  
Resident Assistant Surgeon, H.P., H.S., A.H.S.
- ROBINSON, M. A.
- ROBINSON, S. C. B. Surg.-Maj. Army.
- ROBINSON, S. R. Geelong, Victoria, Australia.
- ROBINSON, W. H. 14, Upper Queen's Terrace, Fleetwood, Lanc.
- ROBSON, C. West End Terrace, Spilsby, Linc.
- ROBSON, R. B. 18, Bondgate Without, Alnwick, Northld.
- ROBSON, W. W. C. Walkeringham, Gainsboro', Linc.
- ROCK, C. H. 65, Granville Road, Lewisham.
- ROCKLIFFE, W. C. 17, Charlotte St., Hull. M.A., M.B. Cantab.; M.D. Dub.
- ROE, A. D. 47, West Hill, Wandsworth. B.A., M.B. Cantab.  
w 1880-1. 3rd Year Student, 2nd Coll. Prize.
- ROMER, H. 58, Killieser Avenue, Streatham Hill. B.A., M.B. Oxon.
- RONALD, A. E. Melbourne, Victoria, Australia. M.B., B.C. Cantab.
- ROSE, J. 27, Parkhurst Road, Holloway.
- ROSSER, W. 1, Wellesley Villas, Croydon, Surrey. M.D. Aberd. H.S.
- ROSSITER, G. F. Cairo Lodge, Weston-super-Mare. M.B. Lond.  
1871. 1st Year Student, 1st Coll. Prize.  
w 1872. 2nd Year Student, 2nd Coll. Prize.  
s 1872. 1st Coll. Prize.  
w 1873. 3rd Year Student, 3rd Coll. Prize;  
Cheselden Medal;  
Treasurer's Gold Medal.  
H.P., H.S., R.A.
- ROSTANT, A. A. Port of Spain, Trinidad, W. Indies.
- ROUILLARD, L. A. J. Durban, Natal. M.B. Camb.; F.R.C.S. H.S., A.H.S.
- ROUND, J. C. Purbrook, 19, Crescent Wood Road, Sydenham Hill.
- ROUSE, R. E. 61, St. Ermin's Mansion, Caxton Street, Westminster M.D. Lond.  
s 1880. 2nd Year Student, 3rd Coll. Prize.  
H.P., R.A.
- ROW, W. Lerrin, Lostwithiel, Cornwall.
- RUDALL, J. F. St. Thomas's Hosp. M.B., B.S. Melb.  
Ophth. H.S.
- RUDALL, J. T. Melbourne, Victoria, Australia. F.R.C.S.
- RUGG, J. F. 122, Southwark Park Road.
- RUMBOLL, W. 2, Surrey Square.
- RUSSELL, A. E. Melton House, Manor Park, Lee.  
w 1889-90. 1st Year Student, 2nd Entrance Science Scholarship; 1st Coll. Prize.  
s 1890. 1st Year Student, 1st Coll. Prize.  
w 1890-1. 2nd Year Student, Half 1st and 2nd Coll. Prizes.  
w 1891-2. 3rd Year Student, 1st. Coll. Prize.  
H.P.
- RUSSELL, J. Cross Bank, Batley, Yorks. M.A. Aberd., M.D., C.M. Edin.
- RUSSELL, J. S. R. 6, Queen Anne St., Cavendish Square. M.B., C.M. Edin., M.R.C.P.
- RUTHERFORD, H. T. Park St., Taunton. B.A., M.B. Cantab., M.R.C.P.
- RYGATE, R. Wardington, Banbury, Oxon.
- SALISBURY, C. R. Stanningley, Leeds.
- SAMS, J. S. Eltham Road, Lee.
- SANDWICH, F. M. Cairo, Egypt, and Savile Club, London. M.D. Durh. Phys. and Teacher of Clin. Med. Kasr el Aini Hosp., Cairo; Exam. in Med. and Path. at Med. Sch.  
H.P.
- SANEYOSHI, Y. Tokio, Japan. F.R.C.S.  
w 1881-2. 3rd Year Student, 1st Coll. Prize.  
H.P., A.H.P., A.H.S.
- SANKEY, E. H. O. Boreatton Park, Baschurch, Salop. M.A., M.B., B.C. Cantab.
- SANSOM, H. A. Lawn House, Quex Road, West Hampstead. M.D. Lond.  
A.H.P., Clin. Asst. Throat and Skin Depts.
- SÁRKIES, S. C. Surg.-Maj. Madras Army.

SAUNDERS, C. E. Med. Superint.  
Sussex Co. Asyl., Hayward's Heath.  
M.D., C.M. Aberd.; M.R.C.P.,  
D.P.H.

Surg. Regist., R.A.

SAUNDERS, E. A. Beverley, Nightin-  
gale Lane, Balham. B.A., M.B.  
Oxon.

w 1892-3. 4th Year Student, The Mead  
Medal.

SAUNDERS, Sir Edwin. 13a, George  
Street, Hanover Square. F.R.C.S.,  
Surg.-Dent. to H.M. the Queen and  
T.R.H. the Prince and Princess of  
Wales, also to his late R.H. Prince  
Consort.

Late Lect. on Anat. and Dis. of the Teeth,  
St. Thos. Hosp.

SAUNDERS, H. Leigh House, Hudson  
Street, Deddington, Oxon. B.A.  
Cantab.

SAUNDERS, H. Surg.-Maj. Army.

SAUNDERS, H. W. Cape Colony.  
M.B. Lond., F.R.C.S.

1867. 1st Year Student, 2nd Coll. Prize.

1868. Prosector's Prize.

1869. 3rd Year Student, 1st. Coll. Prize;  
Treasurer's Gold Medal;  
Physical Society's 3rd Year's Prize.

SAUNDERS, W. S. 13, Queen Street,  
Cheapside, and 58, Onslow Gdns.,  
S.W. M.D. Castletown Med. Coll.  
U.S.

1845. Medicine, Prize;  
Midwifery, Prize;  
Clinical Medicine, Prize.

SAVILL, T. D. 12, Upp. Berkeley St.,  
Portman Sq. M.D. Lond., D.P.H.  
Cantab.

w 1875-6. 2nd Entrance Science Scholarship;  
1st Year Student, The William  
Tite Scholarship.

s 1876. 3rd Coll. Prize.

s 1877. 2nd Year Student, 2nd Coll. Prize.  
H.P., A.H.P., R.A.

SAYRES, A. W. F. Cold Ashton Rectory,  
Chippenham, Wilts.

Clin. Asst. Ear. Dept.

SCOTT, J. R. Market Overton, Oak-  
ham, Rutland.

SCOTT, J. W. 19, Bilston St.,  
Wolverhampton.

SCUDAMORE, L. 23, Granville Park,  
Blackheath.

Clin. Asst. Skin. Dept.

SCUTT, T. H. 74, Micklegate, York.  
w 1882-3. 3rd Year Student. 1st Coll. Prize.  
A.H.P.

SEATON, E. The Limes, 56, North  
Side, Clapham Common. M.D.,  
F.R.C.P. Lect. on Pub. Health St.  
Thos. Hosp.; Exam. in State Med.  
Univ. Camb.; Exam. in Pub. Health  
R.C.P. Lond.

SEDDON, H. B. 23, Grosvenor Road.  
A.H.P.

SEDGWICK, J. Boroughbridge, Yorks.  
M.D. St. And.

SEDGWICK, L. W. 2, Gloucester Ter-  
race, Hyde Park. M.D. St. And.

1848. Descriptive and Surgical Anatomy,  
Prize;

Physiology and Anatomy, Prize;

Midwifery, Prize;

Surgery, Prize.

1849. Physiology, 1st Prize;

Midwifery, 1st Prize;

Surgery, Prize;

Medicine, 1st Prize;

General Proficiency, Treasurer's  
Medal.

SEMON, F. 39, Wimpole Street,  
Cavendish Square. M.D. Berlin;  
F.R.C.P. Lond. Phys. for Dis. of  
Throat St. Thos. Hosp.

SENIOR, E. W. E. London Hosp. for  
Children, Shadwell.

SEON, G. E. 3, Victoria Sq., Reading.

SERGEANT, E. County Offices, Preston,  
Lanc. Med. Off. Health Co. Counc.  
Lancash.

1870. 3rd Year Student, 3rd Coll. Prize;  
Cheselden Medal.

H.S., R.A.

SERS, C. H. 130, Queen's Road,  
Peckham.

SHACKEL, G. A. 8, Corve St., Ludlow,  
Salop.

SHARKEY, S. J. 2, Portland Place W.  
M.A., M.D. Oxon.; F.R.C.P.;  
Gulst. Lect. 1886. Phys., Jt. Lect.  
on Med. St. Thos. Hosp.; Exam.  
in Path. Univ. Oxf. Exam in Medl.  
Anat. and Principles, and Pract. of  
Med. R.C.P. Lond.

Late Demonstrator of Morbid Anatomy,  
and Res. Asst. Phys. at St. Thomas's  
Hospital; Radcliffe Travelling Fellow,  
Univ. Oxf.

SHARP, W. Horton House, Rugby,  
Warwk. M.D. Lambeth; F.R.S.

SHATTOCK, S. G. St. Thomas's Hos-  
pital. F.R.C.S. Curator of Museum  
and Jt. Lect. on Pathology.

- SHAW, J. Burlington House, Willoughby Road, Hampstead, and 34, Queen Anne Street, W. M.D. Lond.  
w 1874-5. 1st Year Student, 1st Coll. Prize.  
s 1875. 1st Coll. Prize.  
w 1875-6. 2nd Year Student, 1st Coll. Prize.  
H.P., A.H.P., R.A.
- SHAW, W. H. C. Normanton House, Normanton, Derby. M.A., M.B., B.C. Cantab.
- SHEARER, D. F. Woodside, 39, Anerley Road, Upper Norwood. B.A., M.B., B.Ch. Oxon.; F.R.C.S.  
1888. 2nd Year Student, Half 2nd Coll. Prize.  
H.P., H.S., A.H.S., Clin. Asst. Throat Dept.
- SHEPHEARD, J. Cromer Road, North Walsham, Norfolk. B.A. Cantab.
- SHEPHEARD, P. C. Aylsham, Norfolk.
- SHEPHERD, H. B. Goldielands, Settle, Yorks.
- SHEPHERD, T. W. Castle St. House, Launceston, Cornwall.
- SHEPPARD, W. J. 211, Upper Richmond Road, Putney. M.D., M.S. Durh.  
w 1880-1. 3rd Year Student, 3rd Coll. Prize.  
w 1881-2. The Treasurer's Gold Medal.  
R.A., H.P., A.H.P., A.H.S.
- SHERRINGTON, C. S. 27, St. George's Square, S.W. M.A., M.D., F.R.S. Lecturer on Physiology at St. Thomas's Hospital. Fellow of Gonville and Caius College, Cambridge. Professor - Superintendent of the Brown Institution. Physiological Society Hon. Sec. Late Examiner for the Natural Science Tripos, Parts II. and I., and in Physiology for the M.B. Degree, Univ. Camb. Examiner in Physiology for the Conjoint Board in England.  
w 1882-3. 6th Year, Grainger Testimonial Prize.
- SHIRRES, G. Melbourne, Victoria, Australia. M.D., C.M., D.P.H. Aberd.
- SHIRTLIFF, E. D. Leicester House, 272, King's Road, Reading.  
w 1882-3. 2nd Entrance Science Scholarship.
- SIDDALL, G. O.
- SIDDALL, J. B. (Travelling.) M.D., C.M. Aberd., D.P.H.
- SIMMONDS, H. M. 66, Camberwell Road.
- SIMON, Sir John, K.C.B. 40, Kensington Sq., W. F.R.C.S.E. (Hon.), F.R.S., Hon. M.D. et Chir. Munich, Hon. M.D. Dub., Hon. D.C.L. Oxon., Hon. LL.D. Cantab. et Edin. Cons. Surg. (formerly Surg. and Lect. on Path.) St. Thos. Hosp.
- SIMON, M. F. Singapore, Straits Settlements. L.D.S. Edin.  
1866. 1st Year Student, 1st Coll. Prize.  
1869. 3rd Year Student, 3rd Coll. Prize; Prosecutor's Prize; Prize and Hon. Cert. for Surgery and Surgical Anatomy.
- SIMPSON, H. Market Weighton, East Yorks. B.A., M.B., B.C. Cantab.  
w 1889-90. 3rd Year Student, 3rd Coll. Prize.  
A.H.S., Clin. Asst. Ear Dept.
- SIMS, G. S. The Hollies, Green Hill, Derby.  
s 1881. 1st Year Student, 3rd Coll. Prize.
- SIMS, J. H. Whitchurch, Tavistock, Devon.
- SINGH, B. J. Surg.-Capt. Bengal Army.
- SISSONS, W. H. 3, Priestgate, Barton-on-Humber, Linc. J.P.  
1858. Matriculation Examination-Physics, &c., Prize.  
1859. Clinical Medicine, Prize; Physical Society's Essay, Prize.  
1860. 3rd Year Student, 2nd Coll. Prize; Physical Society's Prize.  
H.S.
- SKIPTON, S. S. Sweet Briars, 5, Serpentine Road, Liscard, Chesh. M.D. St. And.
- SLATER, J. S. Evesham, Worc.  
1868. 1st Year Student, 1st Coll. Prize.  
1869. Physical Society's 2nd Year's Prize.  
1870. 3rd Year Student, 2nd Coll. Prize; Treasurer's Gold Medal.  
H.P., R.A.
- SLAUGHTER, J. E.
- SLIPPER, T. 7, St. Saviour's Road, W. Croydon, Surrey.
- SMART, W. H. Polesworth, Tamworth, Warwk. M.A., M.B. Cantab.
- SMITH, A. Dudley House, 255, Brixton Road.
- SMITH, C. C. Redditch, Worcester. B.A., M.B. Cantab.  
H.S., R.A.
- SMITH, C. J. 2, Medina Villas, Brighton.



SMITH, E. 38, North Side, Wandsworth Common.

w 1888-9. 1st Year Student, 2nd Entrance Science Scholarship;  
The William Tite Scholarship.

s 1889. 1st Year Student, 1st Coll. Prize.

w 1889-90. 2nd Year Student, 1st Coll. Prize.

w 1890-1. 3rd Year Student, 2nd Coll. Prize.

s 1891. 3rd Year Student, 2nd Coll. Prize;  
Treasurer's Gold Medal.

H.S., A.H.S., Asst. Demonstrator of Pract. Surg.

SMITH, E. L. T. 55, West Hill, and 138, High Street, Wandsworth.

SMITH, F. J. P. 103, East Street, Walworth.

SMITH, F. W. 40, Newington Causeway.

SMITH, H. E. Gleneagle House, Streatham. M.A., M.B., B.C. Cantab.

SMITH, J. 23, Park Road, Plumstead, Kent.

SMITH, J. B. Dulwich.

SMITH, R. P. Res. Phys. and Med. Superint. Bethlem Royal Hosp.

s 1876. 2nd Year Student, 2nd Coll. Prize.

Res. Asst. Phys., H.P., A.H.P., H.S., A.H.S., Demonstrator of Pract. Phys.

SMITH, S. L. 25, Argyle Square, King's Cross.

SMITH, W. H. Cranmore, Royal St. West, Sandown, Isle of Wight.

SMITH, W. H. Weston Lodge, Weston, Bath.

SMYTH, H. J. South Molton.

w 1882-3. 1st Year Student, 3rd Coll. Prize.

s 1883. 1st Year Student, 1st Coll. Prize.

w 1883-4. 2nd Year Student, 1st Coll. Prize.

s 1884. 2nd Year Student, 2nd Coll. Prize.

w 1885-6. 4th Year Student, Treasurer's Gold Medal.

H.P., R.A., Clin. Asst. Skin Dept.

SNYAD, E. H. Aylestone Park, Leicester.

SOLLY, E. Strathlea, Coldbath Road, Harrogate. M.B. Lond., F.R.C.S., D.P.H.

w 1883-1. 2nd Year Student, 2nd Coll. Prize.

w 1885-6. Solly Medal and Prize.

Surg. Registr., A.H.S., R.A., Clin. Asst. Skin and Ear Depts.

SOLLY, R. V. 40, Southernhay, Exeter. M.D., B.S. Lond.; F.R.C.S.

w 1884-5. 2nd Year Student, Half 2nd Coll. Prize.

H.S., A.H.S., Clin. Asst. Skin Dept.

SOLLY, S. E. Colorado Springs, Colorado, U.S.A.

Med. Registr.

SOUTH, R. E. E. 112, High Street, Boston, Linc.

SOUTHERN, F. G. Pant-yr-odin, Llandeby, S. Wales.

SOUTHERN, J. A. Friar Gate, Derby.

SPARKE, G. W. Mansfield, Notts.

SPEED, H. A.

SPENCER, M. H. House Phys., Seamen's Hosp., Greenwich. M.A., M.D., B.C. Cantab.

H.P., Ophth. Asst.

SPITTA, E. J. Ivy House, Clapham Common.

SPRAKELING, R. J. 58, Merton Rd., Bootle, Liverpool. J.P.

1856. Clin. Med. Prize.

SQUANCE, T. C. 4, Beauclerc Terr., Sunderland. M.D., M.S. Dunelm; L.S.Sc. Phys. and Path. Sunderland Infirm., Med. Off. Health Sunderland. R. Dist.

STABB, A. F. House Phys. Addenbrooke's Hosp., Cambridge.

w 1885-6. 1st Year Student, 1st Entrance Science Scholarship;  
The William Tite Scholarship.

s 1886. 1st Year Student, 2nd Coll. Prize.

w 1886-7. 2nd Year Student, The Musgrove Scholarship.

s 1887. 2nd Year Student, 1st Coll. Prize.

w 1887-8. 3rd Year Student, 2nd Tenure of Musgrove Scholarship, with 1st Coll. Prize.

w 1888-9. Treasurer's Gold Medal.

H.S., A.H.S.

STABB, E. C. St. Thomas's Hospital. F.R.C.S. Jun. Dem. of Anat.

w 1883-4. 2nd Year Student, Prosector's Prize.

s 1884. 2nd Year Student, 1st Coll. Prize.

Late Resident Assistant Surgeon, Surg. Registr., H.S., A.H.S., R.A., Clin. Asst. Throat and Ear Depts.

STABB, F. A. St. John's, Newfoundland.

STABB, H. H. St. John's, Newfoundland. M.D. Edin.

STABB, W. W. Croft Lodge, Torquay. M.D., B.C. Cantab.

w 1889-90. 4th Year Student, The Mead Medal.

H.P.

STACY, J. H. 39, Exchange Street, Norwich.

STADDON, H. E. The Priory, St. Nicholas, Ipswich.

STADDON, J. R. 6, Silent St., Ipswich. A.H.P.

STADDON, W. J. 6, Silent St., Ipswich.



- STALLARD, H. Children's Hospital, Nottingham.
- STANIFORTH, J. W. Hinderwell, Yorks.
- STARK, M. D. 6, Broad St., Oxford. M.D., C.M. Trin. Coll. Toronto.
- STARTIN, J. 15, Harley St., Cavendish Square.
- STATHAM, R. W. The Hall, Cheddar, Somerset.
- STAVELEY, W. H. C. 13, South Eaton Place. F.R.C.S. H.S., A.H.S., A.H.P., Clin. Asst. Ear Dept.
- STEEVES, G. W. 53, Parkfield Rd., Princes Pk., Liverpool. B.A. N. Brunswick, M.D. Brux.
- STEPHENS, W. J. Porth-Veor, Newquay, Cornwall.
- STEVENSON, E. S. Rondebosch, Cape Colony. F.R.C.S. Edin.
- STEWART, C. Royal College of Surgeons, Lincoln's Inn Fields. Prof. of Comp. Anat. and Phys., and Conserv. of Museum R.C.S.E. Late Curator of Museum and Lecturer on Physiology and Comparative Anatomy, St. Thos. Hosp.
- STEWART, C. H. Lincoln's Inn Fields.
- STILES, H. T. Spalding, Linc. M.D. St. And.
- STILES, T. St. Thomas's Road, Spalding, Linc.
- STILWELL, G. R. F. Springcroft, Beckenham, Kent. M.B. Lond. H.P.
- STOKES, W. Buckingham House, 51, Foster Hill Road, Bedford (retired).
- STONE, F. W. S. 50, Kempshot Road, Streatham Common. H.P.
- STRANGE, W. H. 2, Belsize Av., Hampstead, and 5, Grosvenor St., W. M.D., C.M. Aberd.
- STRONG, G. The Chase, Ross, Herefordsh. M.D. Edin.
- STUART, J. B. Standishgate House, Wigan, and Mere Oaks, Standish, Wigan. F.R.C.S. Edin., J.P.
- STUART, T. E. 30, West Street, Harwich, Essex.
- SUGDEN, E. S. 162, Longmoor Lane, Aintree, Liverpool.
- SULLIVAN, E. H. C. 53, Bath St., St. Helier, Jersey.
- SUMMERHAYES, H. 7, Bouverie St., Fleet St. 1861. Matriculation Examination—Classics and Mathematics, President's Prize; Modern Languages, &c., Coll. Prize; Physics and Natural History, Coll. Prize; The William Tite Scholarship. 1862. 2nd Year Tite's Scholarship. 1863. 3rd Year Tite's Scholarship; Treasurer's Gold Medal.
- SUMMERHAYES, W. Brightling Mount, Burwash, Sussex. M.D. Durh. 1856. Matriculation Examination—Modern Languages, Prize.
- SUTCLIFF, E. Gt. Torrington, Devon. M.D., C.M. Aberd. Mem. Gen. Counc. Univ. Aberd. 1861. 1st Year, 3rd Coll. Prize; 1863. 3rd Year Student, 3rd Coll. Prize.
- SUTCLIFF, J. H. Farfield House, Ripley, Surrey (retired).
- SUTCLIFFE, J. Ashbourne House, 625, Wandsworth Rd. 1869. Prosecutor's Prize.
- SUTCLIFFE, W. G. Sen. House Surg. Roy. Infirm., Hull. w 1888-9. 1st Year Student, 1st Coll. Prize. s 1887. 1st Year Student, 2nd Coll. Prize. w 1889-90. 2nd Year Student, 2nd Coll. Prize. w 1891-2. 4th Year Student, The Cheselden Medal. H.S., A.H.S., Asst. Demonstr. Pract. Surg. St. Thos. Hosp.
- SUTTER, R. R. Timaru, New Zealand.
- SUTTON, S. W. Quetta, Afghanistan. M.D., B.S. Lond. A.H.S., A.H.P., R.A.
- SUTTON, H. M. Bagdad, Turkey-in-Asia.
- SUZUKI, S. Tokio, Japan.
- SWALE, H. 3, Abbeymead, Tavistock, Devon. M.B. Lond. A.H.P., A.H.S.
- SWALLOW, A. J. 5, Mount Edgcombe Gdns., Clapham Rise, S.W. M.B., B.S. Durh. Clin. Asst. Skin Dept.
- SWALLOW, J. D. Clifton Lodge, Clarence Rd., Clapham Park. M.D. St. And.
- SWEET, J. L. Tenbury, Worc.
- SWEETAPPLE, H. A. Adelaide, S. Australia. M.D., B.S. Durh.
- SWINDELLS, E. Barking, Essex.
- SYMONS, R. FOX. 34, Christchurch Road, Streatham.

**TAKAKI, K.** Tokio, Japan. F.R.C.S.,  
Director-General of the Medical  
Department Imperial Japanese Navy,  
Surgeon to the Tokio General  
Hospital.

w 1875-6. 1st Year Student, 3rd Coll. Prize.  
s 1876. 2nd Coll. Prize.

w 1876-7. 2nd Year Student, 1st Coll. Prize.

s 1877. 2nd Year Student, 3rd Coll. Prize.

w 1877-8. 3rd Year Student, 2nd Coll. Prize.

w 1878-9. 4th Year Student;

The Cheselden Medal;

The Treasurer's Gold Medal.

A.H.P., R.A.

**TANNER, M. B.** 37, St. Aubyn's,  
West Brighton. M.D.Q.U.I., M.D.  
St. And.

**TARZEWELL, J.** Sturminster Newton,  
Blandford, Dorset (retired). M.D.,  
C.M. Aberd.

**TATE, W. W. H.** 4, Queen Anne St.,  
Cavendish Square. M.D. Lond.,  
M.R.C.P. Obst. Tutor and Regis-  
trar St. Thos. Hosp.

**TATHAM, E.** 102, Glenthorne Road,  
Hammersmith.

**TAYLOR, S.** 16, Seymour Street,  
Portman Square. M.D., C.M. Aberd.,  
M.R.C.P. Assistant Physician West  
London Hospital.

Late Demonstrator of Anatomy, St.  
Thomas's Hospital.

**TAYLOR, S. J.** 44, Prince of Wales  
Road, Norwich. M.B., C.M. Edin.

w 1875-6. 2nd Year Student, The Musgrove  
Scholarship.

w 1876-7. 3rd Year Student, 2nd Year Mus-  
grove Scholarship, and 1st Coll.  
Prize.

w 1877-8. The Mead Medal;

The Treasurer's Gold Medal.

**TEBB, W. S.** Charlcombe, Boscombe  
Hill, Bournemouth. M.A., M.D.  
Cantab., D.P.H.

Clin. Asst. Throat Dept.

**TERRY, J.** 4, Billing Road, North-  
ampton.

**THOMAS, D. E.** Eastfields, Chepstow  
Road, Newport, Mon.

**THOMAS, J. T.** Roslyn, Camborne,  
Cornwall.

**THOMAS, J. W.** Cresswell House,  
Neath, Glamorg.

**THOMAS, P. C.** 9, Royal Avenue,  
Chelsea, S.W.

**THOMAS, R. W.** Temple Villa, Rye  
Lane, Peckham.

**THOMPSON, C. H.** Jun. Constitutional  
Club, Piccadilly. M.A., M.D.  
Dubl., M.R.C.P., D.P.H.

**THOMPSON, F. H.** Cleobury Mortimer,  
Salop.

1870. Prosecutor's Prize.

**THOMPSON, G. W.** The Vicarage,  
Burton Joyce, Notts. B.A., M.B.,  
B.C. Cantab.  
H.P., H.S.

**THOMSON, G. J. C.** 111, Sinclair  
Road, West Kensington Park.

**THORNTON, H. J.**

**THORP, A. E.** Manor Rise Terrace,  
Lordship Lane, Dulwich.

**THUDICHUM, J. L. W.** 11, Pembroke  
Gdns., W. M.D. Giessen, F.R.C.P.  
Late Lect. on Path. Chem.

**THURNAM, W. R.** 13, Fisher Street,  
Carlisle. M.B., B.S. Durh. Asst.  
Med. Off. Bethnal House Asylum,  
London.

**THURSTAN, E. P.** Puerto Orotava,  
Teneriffe, Canary Islands. M.D.  
Cantab.

**TIMOTHY, P. V.** 235, Barking Road,  
Plaistow.

1851. Practical Midwifery, Prize.

**TIMS, H. W. M.** Westminster Hosp.  
Med. School, Caxton St., Westmins-  
ter. M.D., C.M. Edin., Lect. on  
Biol. and Comp. Anat. Westm.  
Hosp. Med. Sch.

**TODD, F.** 21, Finsbury Circus, E.C.  
L.D.S., Dent. Surg. Roy. Free Hosp.

**TODD, H. J. McC.** Staff Surg. R.N.

**TOLLER, N. P. F.**

**TOLLER, S. G.** St. Thomas's Hos-  
pital. M.B. Lond., Res. Asst. Phys.

w 1885-6. 1st Year Student, 2nd Entrance  
Science Scholarship.

s 1886. 1st Year Student, 1st Coll. Prize.

w 1886-7. 2nd Year Student, Half 1st and  
2nd Coll. Prizes.

w 1887-8. 3rd Year Student, 2nd Coll. Prize.

w 1888-9. 4th Year Student, The Mead  
Medal.

Med. Regist. and Demonst. of Pract. Med.,  
H.P., H.S., A.H.S., Jun. and Sen. Ophth.  
H.S., Clin. Asst. Throat and Ear Depts.

**TOMPSETT, R. H.** Asst. Res. Surg.  
General Disp., Nottingham.

**TOMSON, W. B.** Park Street West,  
Luton, Beds. M.D. Durh.

w 1879-80. 1st Year Student, 2nd Coll. Prize.

s 1880. 1st Year Student, 2nd Coll. Prize.

w 1880-1. 2nd Year Student, The Musgrove  
Scholarship, Prosecutor's Prize.

w 1881-2. 3rd Year Student, 2nd Coll. Prize;  
2nd Tenure of Musgrove Schol-  
arship.

s 1882. 2nd Coll. Prize.

w 1882-3. Treasurer's Gold Medal.

A.H.P.

- TOKING, J. H.** Late of Camborne. M.B. Lond.  
 w 1884-5. 3rd Year Student, Half 2nd and 3rd Coll. Prizes.  
 w 1885-6. 4th Year Student, The Cheselden Medal.  
 H.S., A.H.S., Clin. Asst. Ear Dept.
- TOTSUKA, K.** Tokyo, Japan. Deputy Inspector General of Hospitals, Imperial Japanese Navy.  
 s 1882. 1st Year Student, 2nd Coll. Prize.  
 w 1882-3. 2nd Year Student, Half Musgrove Scholarship and 1st Coll. Prize combined.  
 w 1883-4. 3rd Year Student, 2nd Tenure of Half Musgrove Scholarship, with 3rd Coll. Prize.
- TOWNE, A.** 32, Clissold Rd., Stoke Newington.
- TOWNSEND, M.** 24, Upp. Philimore Place, Kensington.
- TREADWELL, O. F. N.** Med. Off. H.M. Prison, Durham.
- TREDINNICK, E.** Penlu House, Craven Arms, Salop.
- TREVES, E.** 2, The Drive, Hove, Brighton.
- TREVES, W. K.** 31, Dalby Square, Margate. F.R.C.S.  
 1863. Modern Languages and Modern History, Coll. Prize.  
 1865. 3rd Year Student, 2nd Coll. Prize; Prosecutor's Prize.  
 H.S.
- TREVITHICK, E. G.** Res. Med. Off. Branch Disp., Cheltenham. M.A., M.B., C.M. Cantab.
- TREVOR, H. O.** Surg.-Capt. Army.
- TRIBE, A. G.** 31, St. Thomas Rd., Hastings.
- TRUMAN, C. E.** 23, Old Burlington St., W. M.A. Cantab.; L.D.S., Dent. Surg. St. Thos. Hosp., Surg. Dent. Hosp. Lond.
- TRURAN, T.** 11, Pydar St., Truro.
- TUPPEN, H. S.** 20, Clarges St., Mayfair. M.A., M.B., B.C. Cantab.
- TURLE, A.** Chipping Norton, Oxon.
- TURNER, F. C.** 15, Finsbury Square. M.A., M.D. Cantab.; F.R.C.P., Phys. and Demonstr. of Path. Anat. Lond. Hosp.  
 Late Res. Asst. Phys. St. Thomas's Hosp.
- TURNER, G. M.** Regent's Terr., Anlaby Rd., Hull. B.A. Cantab.
- TURNER, J. G.** 12, George St., Hanover Square. F.R.C.S., L.D.S.
- TURNER, R.** Lewes, Sussex.
- TURNER, H. G.** 101, Lambeth Palace Road. M.A., M.B., M.Ch. Oxon.; M.R.C.P., F.R.C.S., Asst. Phys., Physn. to Electrical Dept., Teacher of Pract. Med.  
 w 1885-6. 2nd Year Student, 2nd Coll. Prize.  
 s 1886. 2nd Year Student, 2nd Coll. Prize.  
 w 1886-7. 3rd Year Student, 3rd Coll. Prize.  
 s 1887. 3rd Year Student, 1st Coll. Prize.  
 w 1887-8. The Mead Medal.  
 Res. Asst. Phys., H.S., H.P.
- TYRRELL, W.** 104, Cromwell Road, South Kensington. Sen. Anæsthetist St. Thos. Hosp.  
 Late H.P., A.H.P., R.A.
- TYRRELL, W.** Claremont, Great Malvern, and 2, Albert Mansions, Victoria Street, London, S.W.  
 1853. Ophthalmic Essay, Mr. Dixon's Prize.  
 1854. Surgical Reports, President's Prize. H.S. and Asst. Demonstr.
- TYRRELL, W. G. B.** Claremont, Great Malvern. D.P.H.
- UMNEY, W. F.** Heather Bell, 15, Crystal Palace Park Rd., Sydenham.  
 w 1887-8. 2nd Year Student, 1st Coll. Prize. H.P., Jun. and Sen. Obst. H.P., Clin. Asst. Skin Dept.
- USHER, C. H.** B.A., M.B., B.C. Cantab.  
 Oph. H.S., Clin. Asst. Throat Dept.
- USHER, T. S.** Carlton House, Yeadon, Leeds. M.D. St. And.
- VALLANCEY, A. d'E. de.** 1, Upham Park Rd., Chiswick.
- VARDY, J. L.** 72 and 74, Commercial Road, Portsmouth, and Portchester, Hants.  
 1855. Practical Midwifery, Prize.
- VERDON, W.** 47, Brixton Hill. M.D. Brux.; F.R.C.S. Eng.; Med. Off. Health Lambeth.  
 Med. Regist., H.S., Asst. Demonstr. of Anat.
- VICKERS, K. B. J.** West London Hospital, Hammersmith.
- VIVIAN, G. E.** Staindrop, Darlington, Durham.
- WADD, F. J.** Prospect House, Richmond, Surrey. M.B., C.M. Aberd., Surg. H.R.H. the Princess Mary Adelaide and H.S.H. the Duke of Teck, Surg. Richmond Hospital. Late R.A. St. Thos. Hosp.
- WADD, H. R.** Prospect House, Richmond, Surrey.

WADES, J. W. B. Fitzroy, Victoria, Australia. M.D., N.Y.; M.D. Aberd.

WAGSTAFFE, W. W. Purleigh, St. John's Hill, Sevenoaks, Kent. B.A. Lond., F.R.C.S.

1862. Matriculation Examination—Classics and Mathematics, President's Prize. Physics and Natural History, Coll. Prize;  
Modern Languages, &c., Coll. Prize;  
1st Year Student, Treasurer's Prize.  
1863. 2nd Year Student, 1st Coll. Prize.  
1864. 3rd Year Student, 1st Coll. Prize;  
Physical Society's 3rd Year's Prize;  
Cheselden Medal;  
Treasurer's Gold Medal.

Late Sen. Asst. Surg., Lect. on Anat. and Res. Asst. Surg. St. Thos. Hosp., Mem. Board of Exam. R.C.S.E., Exam. in Arts Apoth. Hall, and Med. Insp. H.M. Privy Council.

WAINWRIGHT, A. S. R. Pembury Lodge, Tottenham, Middlesex.

WAINWRIGHT, W. L. Treasurer's House, St. Thomas's Hospital. House Surgeon, Evelina Hospital.

H.S., A.H.S., Sen. and Jun. Obst. H.P., Asst. Demonstr. of Pract. Surg.

WAITES, R. F. East Bank, Nelson Street, Rotherham. Lect. on Hygiene Rotherham Sch. of Sci.

WAKEFIELD, M. J. 47, Christchurch Road, Doncaster M.B. Durh.

WAKLEY, T., Jun. 5, Queen's Gate, S.W. Joint Editor of *The Lancet*.

WALCOTT, R. B. Barbados, W. Indies. M.D. Lond., F.R.C.S.

WALKER, A. W. H. Argyle House, Station Parade, Harrogate. M.D. Brux., Phys. Harrogate Bath. Hosp.

WALKER, R. F. Vale Cottage, Esher, Surrey.

WALKER, Robt. Budleigh-Salterton, Devon. M.D. St. And.

WALKER, W. W. House Phys. Gt. Northern Centr. Hosp., Holloway Road. B.A., M.B., B.C. Cantab.

WALLACE, A. C. 30, Saumarez St., Guernsey.

WALLACE, C. S. Wey Springs, Haslemere, Surrey. F.R.C.S., Surg. Registrar.

w 1887-8. 1st Year Student, Half 2nd Coll. Prize.

s 1888. 1st Year Student, 2nd Coll. Prize.

w 1888-9. 2nd Year Student, 1st Coll. Prize.

w 1889-90. 3rd Year Student, 2nd Coll. Prize.

H.S., A.H.S., Sen. and Jun. Obst. H.P., Clin. Asst. Ear Dept., Asst. Demonstr. of Pract. Surg.

WALLACE, F. G. M.A., M.B., B.C. Cantab.

Non-Res. H.P.

WALLACE, J. Carshalton, Surrey (retired).

WALLACE, L. A. R. 24, Norfolk Crescent, Hyde Park. B.A., M.B. Oxon.

WALLER, A. W. House Surg., The Hosp., Stroud, Gloucester. D.P.H.

WALLER, C. B. 2, West Hill, Sydenham.

WALLER, W. B. 153, Seven Sisters Road, Holloway.

WALLFORD, W. Brome-Walton, 61, Appach Rd., Josephine Avenue, Brixton Hill.

WALMSLEY, H. Moss Cottage, Fylde Rd., Preston, Lanc.

WALTER, E. C. Stamford Hill Dispensary, 189, High Street, Stoke Newington.

WALTERS, F. R. 20, Finsbury Circus, and Ferndale, Fairfield Road, Croydon. M.D., B.S. Lond.; M.R.C.P., F.R.C.S., Phys. N. Lond. Consump. Hosp. and City Disp.

Late H.P., A.H.P., A.H.S.

WARD, F. H. Sen. Asst. Med. Off. Middlx. Co. Asyl., Tooting.

1863. 1st Year Student, Treasurer's Prize.

1864. 2nd Year Student, 1st Coll. Prize;

Physical Society's 2nd Year's Prize.

1865. 3rd Year Student, 1st Coll. Prize;

Physical Society's 3rd Year's Prize;

Cheselden Medal;

Treasurer's Gold Medal.

WARD, W. F. Bawtry, Yorks.

WARD, W. T. Stanhope, Canada. M.D., C.M. Montreal.

WARE, E. E. Res. Med. Off. East Lond. Hosp. for Child., Shadwell. M.D., B.S. Lond.

H.S., A.H.S.

WARE, H. S. City of Lond. Hosp. for Dis. of Chest, Victoria Park. B.A., M.B., B.C. Cantab.

WARREN, S. Kensington, Adelaide, S. Australia.

WARRENER, R. 54, Crawford St. M.A. Cantab.

WATERS, H. G. 3, Lysias Rd., Clapham Common.

WATERWORTH, E. A. 40, Key St., Newport, I.W. M.D. Aberd.



- WATKINS-PITCHFORD, W. The Infirmary, Bridgenorth.  
H.P.
- WAY, F. W. Elm Grove, Southsea.
- WAY, J. H. F. Elm Grove, Southsea.
- WAY, J. P. Mile End Villa, Landport.  
R.A.
- WEARY, G. E. 52, Palmerston Road, Boscombe, Bournemouth.
- WEBB, F. 21, Hall Gate, Doncaster.
- WEBBER, W. W. Crewkerne, Somerset.  
w 1876-7. 1st Year Student, 3rd Coll. Prize.
- WEBSTER, E. St. Margaret's, 234, South Norwood Hill.  
w 1883-4. 1st Year Student, 1st Coll. Prize.  
s 1885. 2nd Year Student, Half 2nd Coll. Prize.
- WEBSTER, J. H. Whittlesea, Cambs.
- WEBSTER, M. H. Woogaroo, Brisbane, Queensland.
- WEEKES, F. H. 16, Gillygate, York.  
F.R.C.S.  
w 1873-4. 1st Year Student, 3rd Coll. Prize.  
s 1874. 3rd Coll. Prize.  
w 1874-5. 2nd Coll. Student, 2nd Coll. Prize.  
s 1875. 3rd Coll. Prize.  
w 1875-6. 3rd Year Student, 3rd Coll. Prize.  
H.S., R.A.
- WELCH, C. H. 46, Upp. Rock Gdns., Brighton.
- WELCH, R. W. F. 61, Oxford Street, Southampton.
- WELCHMAN, E. Heckington, Lincs.  
H.S., H.P.
- WELLS, A. E. Cuckfield, Sussex.  
M.D. Lond.  
w 1877-8. 1st Year Student, 2nd Entrance Science Scholarship.  
H.P., A.H.P., H.S., A.H.S., R.A.
- WELLS, Sir Spencer, Bart. 3, Upper Grosvenor Street. F.R.C.S. Eng. (Hon.), Pres. 1883, F.R.C.P.I. (Hon.), F.R.C.S.I. (Hon.), M.D. (Hon.) Dub., Leyden, Charkof, and Bologna; Surg. to the Queen's Household, Cons. Surg. Samarit. Hosp. for Wom. and Child.
- WELSFORD, G. F. Somerville, Tiverton, Devon. B.A., M.B. Cantab.
- WEST, C. J. The Grove, Fulbeck, Grantham.
- WEST, R. H. Elgin Lodge, Station Road, and 6, Hammett St., Taunton.  
M.A. Cantab.
- WESTON, G. H. Forest Lodge, Shirley, Hants. M.B., D.P.H.
- WHEATON, S. W. 52, The Chase, Clapham Common. M.D. Lond., M.R.C.P., D.P.H., Physician to the Royal Hospital for Children and Women, to the Surrey Dispensary, and to the St. John's Home for Women.  
s 1885. 3rd Year Student, Half 1st and 2nd Coll. Prize.  
w 1885-6. 4th Year Student, The Mead Medal.  
R.A., H.P., Demonstr. of Physics.
- WHEELER, C. 96, Kennington Park Road.
- WHEELER, P. C. E. D'E. English Hospital, Jerusalem. M.D. Brux., F.R.C.S. Edin.
- WHELPTON, E. S. Streatham Hill.
- WHERRY, G. E. Corpus Bldgs., Cambridge. M.A., M.B., M.C. Cantab., F.R.C.S., Surg. Addenb. Hosp., Lect. on Surg. Univ. Camb.  
Asst. Demonstr. of Anat. St. Thos. Hosp.
- WHICHELLO, H.
- WHISHAW, R. R. 3, Birdhurst Road, South Croydon. B.A., M.B., B.C. Cantab., F.R.C.S., Surg. Croydon Hosp.
- WHISTLER, Rev. C. W. Theddlethorpe-All-Saints, Louth, Linc.
- WHISTON, P. H. The Palace, Rochester, Kent. D.P.H.
- WHITAKER, S. M. Asst. Med. Off. Hoxton House Asyl., Hoxton St.
- WHITE, C. H. 3, East Circus St., Nottingham.  
R.A.
- WHITE, E. F. Westlands, 280, Upp. Richmond Rd., Putney. F.R.C.S., Jun. Anæsthetist St. Thos. Hosp.  
H.P., A.H.P., H.S., A.H.S.
- WHITEHEAD, E. T. Camperdown House, 118, Lavender Hill.  
w 1886-7. 1st Year Student, 2nd Coll. Prize.  
s 1888. 2nd Year Student, Half 2nd Coll. Prize.
- WHITEHEAD, J. L. Belgrave House, Ventnor, Isle of Wight. M.D. St. And.; M.R.C.P., Cons. Phys. Isle of Wight Co. Hosp.  
H.S.
- WICKHAM, G. H. Fleet, Hants. M.B., B.C. Cantab.  
H.P., Clin. Asst. Ear Dept.
- WIGHAM, W. H. Murivance House, Shrewsbury.



- WIGHTMAN, H. T. 70, Clarkgrove Rd., Sheffield.
- WIGLESWORTH, J. Med. Superint. Co. Asyl. Rainhill, Lanc. M.D. Lond.; M.R.C.P., Lect. on Ment. Dis. Univ. Coll. Liverpool, Exam. in Ment. Dis. Victoria Univ.
- WILDE, L. Palace Mansions, Westminster. M.D. Durh., D.P.H., Asst. Med. Off. Health Croydon, and Superint. Boro' Hosp.
- WILKINS, G. H. 134, Brixton Road. M.D. Durh.
- WILKINSON, C. J. Osborne Road, Windsor.
- WILKS, G. A. F. Stanbury, Torquay (retired). M.D. Edin.; M.R.C.P. Formerly Lect. on Mat. Med. St. Thos. Hosp., and on Botany Westm. Hosp.
- WILLIAMS, A. H. Surg.-Lt.-Col. Bengal Army. M.B., C.M. Abe d.
- WILLIAMS, C. J. Brookside, Woodhall Spa, Linc.
- WILLIAMS, F. N. 181, High Street, Brentford.
- WILLIAMS, G. C. W. Dunstaffnage, Wickham Road, Brockley.
- WILLIAMS, G. F. C. 84, Atlantic Rd., Brixton.
- WILLIAMS, H. Moor Park, Harrogate, Yorks. (not in practice). J.P.  
1868. 1st Year Student, 2nd Coll. Prize.  
1869. 2nd Year Student, 3rd Coll. Prize.  
H.S.
- WILLIAMS, H. B. 78, Lewisham High Road. M.D. Brux.
- WILLIAMS, J. Swinton, Manchester. M.D. St. And.  
1859. Clinical Medicine, Prize.
- WILLIAMS, L. L. B. Sidmouth, Devon. M.B., C.M. Glasg.
- WILLIAMS, P. H. 4, Clarence Cresc., Windsor. Surg. Windsor Roy. Infirm.
- WILLIAMS, P. M. G. Parrag House, Newport, Pembroke.  
1864. Practical Midwifery, Prize.
- WILLIAMS, R. B.
- WILLIAMS, R. M. 95, St. Mark's Rd., North Kensington. M.D. Lond.  
w 1879-80. 1st Entrance Science Scholarship.  
H.P., A.H.P., Asst. Demonst. of Pract. Surg.
- WILLIS, C. F. Surg.-Maj. Bombay Army. M.D. Durh., M.R.C.P.
- WILLIS, W. Bangkok, Siam. M.D. Edin.; M.R.C.P. Lond.; F.R.C.S.E. D.P.H. Cantab.
- WILLOCK, E. H. 7, Essex Grove, Upp. Norwood.
- WILLSON, H. S. Oatlands, Park Rd., Weybridge. B.A., M.B., B.C. Cantab.
- WILSON, A. 10, Frederika Terr., Anlaby Road, Hull.
- WILSON, A. M. (Travelling.) M.D., B.S. Durh.
- WILSON, S. 14, Devonshire Place, Shelton, Hanley, Staffs.
- WILSON, W. 8, Piazza Madonna, Florence, Italy. M.D. Gött.; F.R.C.P. Lond.
- WINDLEY, W. Colston-Bassett, Bingham, Notts.
- WINDSOR, C. W. High Street, Banbury. M.A., M.B., B.C. Cantab.
- WINFIELD-ROLL, G. Infirm. Leicester. B.A., M.B., B.C. Cantab.  
Ophth. H.S.
- WINSTON, W. B. 85, Oxford Gdns., Nth. Kensington. B.Sc. Lond.  
w 1887-8. 1st Year Student, 2nd Entrance Science Scholarship.  
w 1888-9. 2nd Year Student, 2nd Coll. Prize.  
s 1889. 2nd Year Student, 1st Coll. Prize.  
w 1891-2. Solly Medal and Prize.  
Demonstr. of Physiology. Clin. Asst. Skin Dept.
- WINTERBOTTOM, H. 148, Liverpool Road, Birkdale, Southport, Lancs. Cons. Surg. St. Mary's Hosp. Manch.
- WINTERBURN, J. W. Elm Cottage, Durnsford Road, Wimbledon Park.
- WISHART, J. London, Ontario, Canada. F.R.C.S. Edin.
- WITHERBY, W. H. Pitt Place, Coombe Lane, Croydon. M.A. Oxon.; M.D., M.Ch. T.C.D., M.R.C.P.  
1858. Matriculation Examination in Modern Languages, Prize.
- WOAKES, A. B. 78, Harley Street. Surg. Lond. Throat Hosp.

WOAKES, E. 78, Harley St., Cavendish Sq. M.D. Lond. Sen. Aur. Surg. Lond. Hosp., Lect. on Aur. Surg. Lond. Hosp. Med. Sch., Surg. Lond. Throat Hosp.

1857. 2nd Year Student, 2nd Prize; Clinical Medicine, Prize.

1858. Essay on Neuralgia, Mr. N. Smith's Prize; Surgery and Surgical Anatomy, Cheselden Medal.

H.S.

WOLFF, A. 4, Ilchester Gdns., Prince's Square, Bayswater.

WOOD, E. J. Yalding, Maidstone, Kent. M.D. St. And.

WOOD, R. Driffield, Yorks. M.D. St. And.

WOODHOUSE, T. J. 11, The Hill, Putney. M.B. Lond., F.R.C.S.

WOODHOUSE, T. P. Surg. Maj. Army.

WOODMAN, W. E. Oxford Lodge, Croydon. M.D. Durh.

s 1875. 1st Year Student, 2nd Coll. Prize.

WOODWARD, C. H. M. Listohan, Toowoomba, Queensland.

WORTH, E. H. Anderton, Plymouth.

WORTHINGTON, G. F. J. Thorncliffe, Poole Rd., Bournemouth. M.R.C.P.I.

WRENCH, E. B. The Woodhouse, Bath St., Bakewell, Derby. M.B., B.C. Cantab.

WRENCH, E. M. Park Lodge, Baslow, and Bakewell, Derbyshire. F.R.C.S.

1851. Physical Society's Essay, Treasurer's 1st Year's Prize.

Asst. R.A.

WRIDE, F. G. Stratton St. Margaret, Swindon, Wilts.

WRIGHT, A. The Lodge, Romford, Essex.

WRIGHT, E. H. Surg.-Capt. Madras Army.

s 1885. 2nd Year Student, Half 2nd Coll. Prize.

WRIGHT, S. F. Highlands, Bickley, Kent. M.B. Lond.

WRINCH, E. P. Torbay Hosp., Torquay. M.B., B.S. Durh.

WROUGHTON, W. C. H. 135, Green Lanes, Stoke Newington.

WYMAN, C. Red Brae, 18, Putney Hill. M.A., M.B., B.C. Cantab.; F.R.C.S.

w 1889-90. Solly Medal and Prize.

H.P., H.S., A.H.S.

WYMAN, W. S. Red Brae, 18, Putney Hill. M.D. St. And., F.R.C.S.

1852. Matriculation Examination, Scholarship.

YEOMAN, C. Kipping House, Thornton, Bradford, Yorks. B.A., M.B., B.C. Cantab.

R.A.

YEOMAN, S. Prestwich, Manchester. B.A., M.B., B.C. Cantab.

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	Grown	8	
<u>1892</u>	Gastric Ulcer	21.	
	Durden	1	
	Appendicitis	22	8
	Peritoneal Ac.	8	Surgeon H.

<u>1893</u>	Provis	5	
	Gastric Ulcer	29.	
	Appendicitis	28	8
	Ac Peritonitis	3	Surgeon H.
	Durden	0.	



